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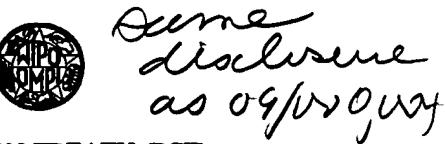
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(57) Abstract

Analysis of alterations in integrin subunit expression, particularly $\alpha 1$ and/or $\alpha 2$ integrin subunit expression from integrin producing cells as compared to normal controls as a diagnostic method to identify individuals who have or are predisposed to pathologies associated with altered matrix deposition, such as diabetic renal nephropathy.

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ANALYSIS OF ALPHA INTEGRINS FOR THE DIAGNOSIS OF DIABETIC NEPHROPATHY

Background of the Invention

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Diabetic nephropathy is a major cause of renal failure in the U.S. and develops in approximately 30% of insulin dependent diabetes mellitus (IDDM) patients. Recent studies by the Diabetes Control and Complications Trial Group have indicated that intensive insulin treatment substantially reduces the risk of developing complications, including nephropathy. However, the cost and effort of the intensive therapy, as well as the danger of hypoglycemic attacks dictate that this treatment should be limited to those patients who are prone to develop complications. It follows that an early selection of these diabetic subjects would be extremely helpful, but currently there are no adequate predictors available for clinical use.

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Metabolic imbalance caused by hyperglycemia has been implicated as a major factor in the development of this condition and is associated with a genetic tendency to develop nephropathy. A prominent expansion of the mesangium with changes in the composition of the mesangial matrix have been observed in diabetic nephropathy (Williamson et al., *Diabetes Met. Rev.* 4:339 (1988), Steffes, M.W., et al. *Diabetes* 38:1077-81 (1989)).

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Studies performed with human and experimental animal mesangial cells cultured in high-glucose medium have demonstrated an increased synthesis and accumulation of matrix proteins, namely collagens, including collagen type IV and fibronectin. This suggests that hyperglycemia plays a role in the mesangial changes of diabetic nephropathy. Ayo, S.H., et al. (1990a), *Am. J. Pathol.* 136:1339-1348; Nahman, N.S., et al., *Kidney Int.* 41:396-402 (1992); Danne, T., et al., *Diabetes* 42:170-177 (1993). The changes in the matrix secretion pattern of the cell are mediated either directly by hyperglycemia or by the glycation of mesangial matrix on prolonged exposure to high levels of glucose. Studies have demonstrated that cultured mesangial cells are influenced by the glycation of matrix leading to altered cell adhesion, spreading and proliferation. Since collagen IV (cIV) is the major component of the mesangial matrix (about 60%), changes in the interactions between this major mesangial glycoprotein and mesangial cells may play an important role in the pathology of diabetic nephropathy. Kim, Y., et al., *Am. J. Pathol.* 138:413-420 (1991). The changes in matrix deposition

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are secondary in time to insulin insufficiency. Altered matrix deposition including basement membrane thickening is also found in a variety of arterioles and arteries in patients with diabetes mellitus. Altered matrix deposition is found in the pancreas of diabetic patients. Altered matrix deposition puts diabetic patients at risk for developing secondary pathological changes including, but not limited to nephropathy, myocardial infarction, cerebral stroke, problems associated with reduced circulation, retinopathy, neuropathies and the like.

Cell-matrix interactions are mediated, for the most part, by a family of receptors known as integrins. The very late antigen (VLA) subgroup of integrins which share a common β1 chain, include the cell membrane receptors for cIV, α1β1 and α2β1. Although integrins are mainly studied for their role in cell differentiation, migration and signaling events, they may also be involved in the maintenance of tissue structure. For instance, cells can modify their matrix by altering the production of matrix proteins and/or by regulating matrix organization. Cells cultured under high glucose conditions resulted in an increased production of matrix components by mesangial cells. (Kashgarian, M., et al., *Kidney Int.* 41:524-529 (1992).) The balance of cell surface integrin expression has been demonstrated to be altered in various disease states including inflammation and malignancy (Waes and Carey, *Otolarnyngologic Clinics of North America* 25(5):1117 (1992); Adams, J.C., et al., *Cell* 63:425-435 (1990); Rozzo et al., *FEBS Letters* 332:263 (1993)). This altered expression has been associated with altered adhesion to extracellular components.

Presently, the only earliest available indicator of kidney changes is microalbuminuria which occurs after the appearance of nephropathic changes. Yet only a percentage of individuals with microalbuminuria go on to develop glomerulopathy. Individuals at risk for developing glomerulopathy are best treated with intense glucose-modulating therapies that have their own risk. Often physicians are hesitant to place individuals with microalbuminuria on such therapies since the majority of these patients do not proceed to glomerulopathy. Biopsies indicating the accumulation of matrix accompanying the expansion of the mesangium occur at a point when the process has become irreversible. Therefore an early predictor of nephropathy or other disease states associated with altered matrix deposition would be beneficial as an indicator of those

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patients who require stringent control of blood glucose levels to minimize nephropathic and other altered matrix deposition-associated disorders.

Thus, there is a need to identify markers associated with the changes seen in nephropathy and in other altered matrix deposition-associated disorders for the diagnosis of these disorders. There is a need to identify changes in regulation and function of integrins in diabetic patients and there is a need to develop a diagnostic test that can be used to identify patients who are likely to develop or have the early symptoms of nephropathy.

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Summary of the Invention

Alterations in the amounts and patterns of alpha-integrin subunits has now been correlated to the onset of nephropathy. Analysis of alpha integrin subunit expression as compared with controls provides a diagnostic tool for the determination of patients likely to develop severe nephropathy and a method to monitor progress of disease during treatment protocols.

Cells that express alpha integrins, such as kidney tissue, fibroblasts, endothelial cells, and blood cells are analyzed for alpha integrin subunit expression, for example, by in situ hybridization methods. Changes in the amounts and pattern of integrin subunit expression as compared with control samples, is diagnostic of nephropathy and can be used to screen individuals, e.g., diabetic patients at risk for developing severe disease.

Analysis of $\alpha 1$, $\alpha 2$, $\alpha 3$, $\alpha 5$, and beta-1 integrin subunit expression as compared with control tissue expression is preferred. An increase in $\alpha 2$, $\alpha 3$, $\alpha 5$, or beta-1 integrin expression and/or a decrease in $\alpha 1$ expression is diagnostic of increased risk of nephropathy. An especially preferred diagnostic method is the comparison of $\alpha 1$ and $\alpha 2$ integrin subunit expression with control tissue. A pattern change including a decrease in $\alpha 1$ and an increase in $\alpha 2$ is diagnostic of increased risk of nephropathy or onset of the disease.

Brief Description of the Drawings

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Figure 1 is a histogram summarizing results of In situ hybridization studies of rat control and diabetic tissue with $\alpha 1$ and $\alpha 2$ integrin probes.

Detailed Description of the Invention

Analysis of changes in the pattern of integrin subunit expression, particularly of alpha integrin subunits, is made by comparing expression in sample tissues as compared with tissue controls.

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Tissue Samples:

The invention is directed to methods of detecting changes in α integrin subunit expression in cells, such as the cell populations (visceral epithelial, endothelial and mesangial and other matrix-producing cells) present in the glomerulus; and also in the tubules as well as including, but not limited to, fibroblasts (for example see D. Kyu Jin, et al. in *J. Am. Society of Nephrology*, 5(3): 966, 1994), epithelial, and endothelial cells from a variety of tissues and organs as well as blood cells including, but not limited to polymorphonuclear leukocytes, monocytes, and the like. Changes to blood cells, including leukocytes, have been reported in diabetic patients who develop nephropathy (Ng, et al. *Diabetologia* 33:278-284, 1990).

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A change in the expression of $\alpha 1$ and $\alpha 2$ integrins has been detected in the studies disclosed here, under conditions of high glucose (i.e., about 25 mM) compared with low glucose (i.e., about 5 mM), in diabetic test animals in vitro, and in a human diabetic patient with neuropathy. Mesangial cells cultured in high glucose showed an increase in $\alpha 2$ integrin expression and a decrease in $\alpha 1$ integrin expression compared with mesangial cells grown under low glucose conditions. A change in expression of α integrins such as $\alpha 1$ and/or $\alpha 2$ subunits can be used to identify patients that have or will develop diabetic nephropathy. In view of these studies, it is believed that patients showing about a 25 to 100% decrease in $\alpha 1$ integrin and/or about a 25 to 100% increase in $\alpha 2$ integrin expression have a greater chance of developing diabetic nephropathy. The methods disclosed here are useful to identify diabetic patients at risk for developing diabetic nephropathy. Patients identified as having a risk for developing or showing early symptoms of diabetic nephropathy can be placed on a strict glucose control regimen so that the development and/or progression of nephropathy can be inhibited.

Changes in integrin subunit expression in diabetic patients have been identified in cultured human skin fibroblasts taken from skin biopsies (D. Kyu Jin, et al., J. Am.

Soc. of Nephrology 5(3):966, 1994) suggesting that a variety of integrin-expressing cells could be monitored to identify individuals with a predisposition to nephropathy or to other complications associated with diabetes-induced altered matrix deposition.

Methods of Detecting a Change in Expression of α1 and/or α2 Integrin Subunits in Cells from Diabetic Patients

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The methods of the invention are conducted with cell types that express alpha (α) integrin subunits. Preferably, to identify patients predisposed to nephropathy, the cells are obtained from tissue samples from biopsy of kidney tissue of diabetic patients. However, other cell types that express α integrin subunits can be utilized including, but not limited to, fibroblasts, endothelial cells, polymorphonuclear leukocytes, monocytes, and other blood cells. The amount of cells typically obtained is relatively small so that the detection methods selected are those that can detect and/or quantitate α integrin subunit expression in a small cell sample. These methods include, but are not limited to in situ hybridization, including polymerase chain reaction (PCR) enhanced in situ hybridization (also known as in situ PCR) and the like.

The cell samples are obtained from patients having diabetes but having no demonstrable symptoms or signs of nephropathy. The earliest change in nephropathy is the detection of microalbuminuria. Biopsy specimens may also be obtained from diabetic patients that may have early symptoms of nephropathy so that the progression of diabetic nephropathy can be monitored. Blood samples and skin biopsies also can be obtained from patients with diabetes and processed for either *in situ* hybridization or PCR enhanced *in situ* hybridization (also known as *in situ* PCR). Similarly, it is possible to perform *in situ* hybridization or PCR enhanced *in situ* hybridization using a cheek scraping or a scraping of other accessible tissue.

Biopsy tissue samples are usually about 1mm^3 and are obtained using standard biopsy methods. Where the kidney is the organ selected for biopsy, kidney tissue from the cortical region is preferred although biopsy samples can be obtained elsewhere. Fibroblasts can be obtained from skin or any other tissue. The biopsy samples are then frozen in liquid nitrogen or fixed in 4% fresh paraformaldehyde and sectioned into 5 μ m thick sections on silane-coated slides. The sections can then be treated with reagents to detect and/or quantitate α integrin expression in cells.

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Blood cells and other α integrin expressing cells can also be analyzed for changes in α integrin subunit expression. These cells include fibroblasts, monocytes, polymorphonuclear leukocytes and other blood cells. Cells can be obtained and isolated from a blood or bone marrow sample. Methods for isolating particular cell types from a blood sample are well known in the art. Preferably leukocytes are isolated from blood by centrifugation, followed by hypotonic shock of residual blood cells as disclosed by Ng, et al. *Diabetologia* 33:278-284, 1990.

Rather than preparing cell sections, the sample of cells can be extracted to obtain nucleic acids using standard methods. The nucleic acids encoding $\alpha 1$ and/or $\alpha 2$ integrin subunits can be amplified using any of a variety of polymerase chain reaction methods. For example, changes in the level of expression of $\alpha 1$ and/or $\alpha 2$ integrins can be detected using a competitive PCR method as described by Gilland, G., *Proc. Natl. Acad. Sci. (USA)* 87:2725 (1990).

In a method of the invention, the level of $\alpha 1$ integrin expression is detected and/or quantitated in cells such as glomerular and tubular kidney cells. The level of $\alpha 1$ integrin expression can be detected using a variety of standard methods. The preferred methods are *in situ* hybridization, *in situ* PCR for detection of integrin RNA and immunofluorescence detection of antibody-tagged integrin protein. A decrease of about 25 to 100% in $\alpha 1$ integrin expression can indicate that early changes of diabetic nephropathy are occurring and can be used to identify patients that have an increased risk of developing diabetic nephropathy. A decrease in $\alpha 1$ integrin expression is compared to the level of $\alpha 1$ integrin expression in cells from age matched non-diabetic controls.

For detection and quantitation using *in situ* hybridization, the following method is preferred: a detectably labeled probe that is complementary to and/or hybridizes to all or a portion of nucleic acid sequences encoding all or a portion of α1 integrin subunit is utilized. A radioactively labeled probe preferably has a specific activity of about 2x10⁸ to 1x10⁹ dpm/μg. *In situ* hybridization on cells such as kidney tissue can be conducted as follows. 5μm tissue sections, fibroblasts and/or blood cells on silane-coated slides are further fixed in fresh 4% paraformaldehyde for 10 min. The slides are then pretreated with 0.2N HCl for 20 min., 0.05 M Triethanolamine (TEA, Sigma) for 15 min, 0.005% digitonin for 5 min., 3 μg/ml proteinase K (Sigma) for 15 min. at 37°C,

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and 0.3% acetic anhydride - 0.1M TEA for 10 min. Hybridization is performed at 50°C overnight in 50% formamide, 0.6 M NaCl, 1xDenhardt's, 0.17 μg/ml human COT^{RT} DNA (GIBCO/BRL), 1 mg/ml poly A (Boehringer Mannheim), 10% (W/V) Dextran sulfate (Sigma), 0.1 M dithiothreitol (DTT, Boehringer Mannheim), 1 mM EDTA, 0.1 mM aurinitricarboxylic acid (ATA, Sigma) and S³⁵-dCTP labeled cDNA probe. The following day, the slides are washed in 2x SCC-0.05% SDS for 60 min. at 55°C; further washed in the high stringency washing buffer containing 50% formamide, 0.6 M NaCl, 1 mM EDTA, 5 mM DTT and 10 mM Hepes for 4 days at room temperature. After 4 days, the slides are rinsed in 2x SCC and the slides are dehydrated in graded ethanol with 0.3 M ammonium acetate, then dipped in Kodak NTB-2 emulsion and exposed for 5 days at 4°C. After development, the slides are stained with hematoxylin-eosin (Surgipath Canada, Inc., Winnipeg, Canada) and mounted. The silver grain number per cell are used to quantitate the result of *in situ* hybridization. About 10-20 glomeruli and a similar number of tubules are examined per patient.

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A probe of the invention hybridizes to and is complementary to and/or all or a portion of a nucleic acid sequence encoding $\alpha 1$ integrin as long as the probe specifically detects $\alpha 1$ integrin expression. Probes can be designed using a known sequence such as the rat $\alpha 1$ integrin sequence as shown as Figure 2 in Takada and Hemnlev, *J. Cell Biol.* 109:397-407 (1983) or by the use of commercially available programs and are capable of binding to rodent or human $\alpha 1$ integrin but are not capable of binding to other proteins including other proteins having regions homologous to α integrins when tested under identical hybridization conditions. Examples of other proteins that have homologous regions to α integrins include those proteins identified using a gene bank search, such as GenBank, or the like, or in publications related to $\alpha 1$ and $\alpha 2$ subunits (for example, see Ignatius, et al. *J. Cell Biol.* 111:709-720, 1990 listing proteins with homologies to the $\alpha 1$ -subunit).

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The probe can be about 15 nucleotides long up to a full length probe of about 4kb. The probes are preferably 100% complementary to the nucleic acid encoding α 1 integrin however some mismatches can be present depending on the length of the probe. About 1 to 3 mismatches in a probe of about 20 to 30 nucleotides long can be present as long as hybridization conditions are adjusted to account for mismatches. Hybridization conditions can be adjusted to take into account mismatches in accord with known

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principles as described in Sambrook et al., <u>A Guide to Molecular Cloning</u>, Cold Spring Harbor NY (1989).

A specific example of a nucleic acid sequence encoding $\alpha 1$ integrin is the rat $\alpha 1$ integrin sequence shown as Figure 2 in Ignatius et al., *J. Cell. Biol.* 111:709-720, 1990, (SEQ ID NO:1) and the protein sequence encoded by $\alpha 1$ integrin is provided as SEQ ID NO:2. A DNA sequence encoding $\alpha 1$ integrin can be obtained from a rat pheochromocytoma cell line PC12 as described by Ignatius et al., *J. Cell. Biol.* 111:709 (1990). Briefly, a cDNA library can be prepared from rat pheochromocytoma PC12 in a lambda vector. The sequence can be identified and/or amplified using probes or primers designed from the known sequences using standard methods as described in Sambrook et al., (*supra*). Once the sequence is subcloned it can be confirmed by sequence analysis and/or by screening with antibodies specific for $\alpha 1$ integrin. Other DNA sequences encoding $\alpha 1$ integrins can be identified and isolated using probes and primers derived from the known sequences.

A preferred probe is a 3.9 kb fragment from the 5' end through the EcoR1 site near base 3900 including the sequence as shown in Figure 2 of Ignatius et al. (supra). Smaller fragments that can form probes can readily be prepared with restriction enzymes or derived by automated or manual oligonucleotide synthesis techniques, by PCR, or by other methods also known in the art. The probes are preferably detectably labeled with a radioactive nucleotide using standard methods.

Other methods utilizing probes for detection of all integrin expression can also be utilized using standard methods such as Northern Blot Analysis and the like as described in Sambrook et al., cited *supra*.

Primers can also be designed based upon the sequence of rat $\alpha 1$ integrin sequence. This invention also contemplates using primers and nucleic acid sequences from the human $\alpha 1$ integrin sequence provided by Briesewitz, et al. (*J. Biol. Chem.* 268(4):2989-96, 1993). Primers can be designed using a known sequence using commercially available computer programs. Primers typically are complementary to and/or hybridize to a 5' region and/or a 3' region of the nucleic acid sequence encoding the protein of interest. The primers can be used to amplify all or a portion of DNA or cDNA encoding $\alpha 1$ integrin. Primers can be used to make probes and to detect expression levels of $\alpha 1$ integrin. Primers preferably have at least 15 nucleotides that are

100% complementary to the nucleotide sequence selected. The primers can also have additional sequences preferably at the ends of the primer that include restriction enzyme sites and the like that are not complementary to the nucleic acid sequence to be amplified. Primers are preferably about 15 to 50 nucleotides long and can be prepared

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5 by automated synthesis.

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The primers can be used to detect the level of all expression in cells. RNA from cells is extracted and reverse transcribed using standard methods. Primers that are complementary to and can hybridize to a DNA sequence encoding all integrins are utilized to amplify the cDNA. A decrease in the level of PCR product can be determined in comparison to the amount of PCR product obtained from control cells.

One method of utilizing PCR to detect al integrin expression is in situ PCR. A method for PCR in situ hybridization is described in PCR In Situ Hybridization Protocols and Applications, J. Novo ed., "PCR In Situ Hybridization", pp. 157-183. Briefly, tissue sections, fibroblasts and/or blood cells (about 5 µm) are placed on silanecoated glass slides. After removing paraffin, the slides are treated with trypsinogen (2mg/ml) in 0.01N HCl for 10 minutes and then trypsinogen inactivated in 0.1M Tris HCl (pH 7.0) solution. The slides are washed sequentially in 90% and 100% ethanol, two times for 1 minute each and air dried. Aliquots of reaction mixture containing 0.15 units/ml Taq DNA polymerase and specific primer pairs for all integrin are added to the tissue section and then overlaid with siliconized glass coverslips. The slides are placed in the heat-sealable plastic bags and 4-5ml mineral oil is added. After removing air, the bag is heat-sealed and placed in the thermal-cycling oven for 40 cycles. After thermalcycling, the slides are washed twice in chloroform for 2 minutes. The coverslips are removed and the slides are dipped briefly in fresh chloroform. After washing in PBS for 5 minutes, the slides are dehydrated and air-dried. The slides are dipped in NTB2 nuclear emulsion (Kodak) and exposed in the dark for 7 days. After development, the slides are counterstained with hematoxylin-eosin.

A change in the level of $\alpha 1$ integrin protein expression can also be detected by using immunofluorescence. (Unless otherwise specified as "protein expression", the term "expression" used herein generally refers to RNA expression.) Sections of tissue samples, fibroblasts and/or blood cells can be stained with antibodies specific for $\alpha 1$ integrin. It is preferable that antibodies are monoclonal antibodies and are antibodies

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that do not substantially cross-react with other α integrin subunits. Antibodies to $\alpha 1$ integrin can be made by standard methods such as described in Wayner EA and WG Carter, 1987, *J. Cell Biol.* 121(5):1141-1152. Antibodies specific to $\alpha 1$ integrin include the SR84 and TS2/7 antibodies. Information related to these antibodies is provided in Examples 1 and 3. A decrease in the level of immunofluorescence can be observed and quantitated using standard methods. A decrease of about 25 to 100% of $\alpha 1$ integrin expression may be used to identify patients that have a greater risk of developing diabetic nephropathy. A decrease in $\alpha 1$ integrin expression is compared to the level of $\alpha 1$ integrin expression in age-matched nondiabetic controls.

The preferred method of the invention involves comparing the level of expression of $\alpha 2$ integrin to the level of expression of $\alpha 1$ integrin. Under high glucose conditions, a decrease in the level of $\alpha 1$ expression is seen as well as an increase in the level of $\alpha 2$ expression in mesangial cells. It is believed that patients at greater risk for nephropathy or other complications associated with diabetes will exhibit an increase in $\alpha 2$ expression and a decrease in $\alpha 1$ expression. A change of about 15 to 100%, and preferably of about 25 to 100%, of $\alpha 2$ integrin expression as well as a change of about 15 to 100%, and preferably of about 25 to 100%, of $\alpha 1$ integrin expression is believed to be indicative of patients with a greater risk of developing diabetic nephropathy.

Integrin expression is associated with a variety of cell types in a variety of locations throughout the body, therefore it is possible that altered levels of integrin expression will also be identified in diabetic associated retinopathy, atherosclerosis and select diabetic neuropathies.

The expression of integrin subunits, preferably of $\alpha 1$ and $\alpha 2$ integrin subunits, is detected and/or quantitated in tissue samples, fibroblasts and/or blood cells from diabetic patients. The preferred methods are those that allow detection of gene expression in a small amount of cells or tissue.

The expression of $\alpha 2$ integrin can be detected using *in situ* hybridization. The conditions for *in situ* hybridization are the same as those described previously. A probe specific for nucleic acid sequences encoding $\alpha 2$ integrin can be prepared using standard methods as described in Sambrook et al., cited *supra*. The probes are complementary to and/or hybridize to all or a portion of a nucleic acid sequence encoding $\alpha 2$ integrin. As described for $\alpha 1$ integrin, the probe to detect $\alpha 2$ integrin can hybridize to a portion of a

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nucleic acid sequence as long as the probe specifically detects a sequence encoding $\alpha 2$ integrin. Nucleic acid sequences can be DNA, cDNA, or RNA. It is preferred that the probe hybridize to RNA or cDNA.

A specific example of nucleic acid sequence encoding $\alpha 2$ integrin is shown in Figure 2 of Takada and Hemler, *J. Cell Biol.* 109:397 (1989). (SEQ ID NO:3). DNA sequence encoding human $\alpha 2$ integrin can be isolated as described in this reference. The protein encoded by SEQ ID NO:3 is provided in this disclosure as SEQ ID NO:4. Nucleic acid sequences encoding $\alpha 2$ integrin can be obtained from human lung fibroblasts and/or human endothelial cells. Preferably DNA libraries from endothelial cells can be prepared and nucleic acids encoding $\alpha 2$ integrin identified and/or amplified using probes and primers derived from the sequence of $\alpha 2$ integrin, e.g., as shown in Figure 2 of Takada et al. (*supra*). If primers are selected, DNA sequences can be amplified using the polymerase chain reaction and then subcloned. Clones that are positive by hybridization to a probe specific for DNA sequences encoding $\alpha 2$ integrin (see Examples 1 and 3) or that express proteins that are positive by reacting with an antibody specific to $\alpha 2$ integrin such as P1H5 are selected. A DNA sequence encoding $\alpha 2$ integrin can be confirmed by DNA sequencing in comparison to the known $\alpha 2$ sequence, as shown in Figure 2 of Takada et al. (*supra*).

A probe of the invention hybridizes to and is complementary to and/or hybridizes to all or a portion of a nucleic acid sequence encoding $\alpha 2$ integrin as long as the probe specifically detects $\alpha 2$ integrin expression. Probes can be designed using a known sequence such as shown in Figure 2 of Takada et al. (*supra*) by the use of commercially available programs.

The probe can be about 15 nucleotides long up to a full length probe of about 5Kb. The probes are preferably 100% complementary to the nucleic acid encoding α2 integrin however some mismatches can be present depending on the length of the probe. About 1 to 3 mismatches in a probe of about 20 to 30 nucleotides long can be present as long as hybridization conditions are adjusted to account for mismatches. Hybridization conditions can be adjusted to take into account mismatches in accord with known principles are described in Sambrook et al., A Guide to Molecular Cloning, Cold Spring Harbor NY (1989).

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A preferred probe is a 1.8 fragment kb from the 5' end through the EcoR1 site near base 1800 of the sequence shown in Figure 2 of Takada et al. (supra). Other probes can be derived from this fragment or from the full length sequence by use of restriction enzyme digestion. Probes can also be prepared by automated synthesis or by PCR. Probes are preferably detectably labeled with a radioactive nucleotide using standard methods.

Probes specific for $\alpha 2$ integrin expression can then be utilized in methods of detecting $\alpha 2$ integrin expression in various cell types. The preferred method is by use of *in situ* hybridization or PCR-*in situ* hybridization on kidney as well as other tissues. The method utilized for *in situ* hybridization has been described previously (Takada and Hemler, *supra*). The method for PCR *in situ* hybridization has been described for $\alpha 1$ integrin. Other methods utilizing probes for detection of $\alpha 2$ integrin expression can also be utilized using standard methods such as Northern Blot Analysis, and the like, as described in Sambrook et al. cited *supra*.

Primers can also be designed based upon the known DNA sequence encoding human $\alpha 2$ integrin. Primers can be designed from a known sequence such as shown in Figure 2 of Takada et al. (*supra*), using commercially available software. Primers typically are complementary to and/or hybridize to a 5' region and/or a 3' region. The primers can be used to amplify all or a portion of DNA or cDNA encoding $\alpha 2$ integrin. Primers can be used to make probes and to detect expression levels of $\alpha 2$ integrin. Primers preferably have at least 15 nucleotides that are 100% complementary to the nucleotide sequence selected. The primers can also have additional sequence preferably at the ends of the primer that include restriction enzyme recognition sites and the like. Primers are preferably about 15 to 50 nucleotides long and can be prepared by automated synthesis.

Primers can be used to detect the level of $\alpha 2$ integrin expression in cells. Nucleic acids, preferably RNA, from cells from diabetic patients are extracted and reverse transcribed using a standard method. Primers that are complementary to and can hybridize to a cDNA sequence encoding $\alpha 2$ integrin are utilized to amplify the cDNA. An increase in the level of PCR product can be determined in comparison to the amount of PCR product obtained from control cells.

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A change in the level of $\alpha 2$ integrin protein expression can also be detected by using immunofluorescence. Sections from kidneys and/or other tissues, skin fibroblasts and/or blood cells can be incubated with antibodies specific to $\alpha 2$ integrin. It is preferable that the antibodies are monoclonal antibodies and are antibodies that do not crossreact with other α integrin subunits. Antibodies to $\alpha 2$ integrin can be made by standard methods such as described in Wayner EA and WG Carter, 1987, *J. Cell Biol.* 121(5):1141-1152. Antibodies specific for $\alpha 2$ integrin include P1H5. An increase in the level of immunofluorescence can be observed and quantitated using standard methods such as flow cytometry. An increase of about 25 to 100% of $\alpha 2$ integrin expression can be used to identify patients that have a greater risk of developing diabetic nephropathy. An increase in $\alpha 2$ integrin expression is compared to $\alpha 2$ integrin expression in nondiabetic control cells.

An increase in $\alpha 2$ integrin expression alone can also be used to identify a patient that may have a greater risk of developing diabetic nephropathy. An increase in $\alpha 2$ expression can be determined as described using the methods described above. An increase of about 25 to 100% in $\alpha 2$ integrin expression may indicate a patient who has an increased risk of developing diabetic nephropathy.

Although an increase of $\alpha 2$ integrin expression or a decrease of $\alpha 1$ integrin expression alone can be utilized to identify patients at greater risk for developing diabetic nephropathy, a preferred method is to detect changes in both $\alpha 1$ and $\alpha 2$ integrin expression. It is believed that an increase in $\alpha 2$ integrin expression and a decrease in $\alpha 1$ integrin expression identifies patients that are at greater risk of or are showing early symptoms of diabetic nephropathy.

In one step of the method, the level of $\alpha 2$ to $\alpha 1$ integrin is compared. The level of $\alpha 1$ integrin expression can be detected and/or quantitated using the methods described previously. The level of $\alpha 1$ and $\alpha 2$ integrin expression can be quantitated on two different cell samples such as two sections of the same tissue sample. About 10-20 glomeruli and tubules are examined. On one cell sample containing the same type of cells, $\alpha 2$ integrin expression can be quantitated and on a second cell sample with the same type of cells, $\alpha 1$ integrin expression can be quantitated. Alternatively, the level of $\alpha 1$ and/or $\alpha 2$ integrin expression can be determined using the same cell sample if the agent used to detect $\alpha 1$ expression is detectably labeled with a first detectable label and

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the agent used to detect $\alpha 2$ expression is detectably labeled with a second detectable label. The first detectably labeled agent and the second detectably labeled agent are agents selected that can be detected and/or quantitated in the presence of one another.

In a preferred version, kidney tissue sections taken from diabetic patients are fixed in formalin and then treated with HCl and proteinase K. A first probe specific for α1 integrin is a 3.9 kb fragment from 5' end through EcoR1 site near base 3900 probe including a sequence as shown in Figure 2 of Ignatius et al. (supra). This probe is labeled with ³²P or 35S or other suitable labels known in the art including, but not limited to, fluorescent labels, biotinylated labels, or other radio labels and the like. The probe is incubated with the section as described previously. A second section taken from the same tissue sample is treated in the same manner but incubated with a probe specific for $\alpha 2$ integrin expression. In a preferred embodiment, a probe specific for $\alpha 2$ integrin expression is a 1.8 kb fragment from 5' end through EcoR1 site near base 1800 that includes a sequence as shown in Figure 2 of Takada et al. (supra). Both probes are labeled with ³²P or ³⁵S. The probe is incubated with the section overnight at 50°C and then for 4 days at room temperature. The sections are then developed for autoradiography. The number of grains per cell are counted for about 10-20 glomeruli and tubules. The total counts for $\alpha 2$ integrin expression vs. $\alpha 1$ integrin expression are compared. An increase of about 40% in a2 integrin and a 30-40% decrease of a1 integrin may indicate a patient is at greater risk for developing diabetic nephropathy.

In an alternative version, the level of expression of $\alpha 2$ integrin is compared with the $\alpha 1$ expression which can be determined using *in situ* PCR or competitive reverse transcriptase PCR. Primers specific for $\alpha 1$ and $\alpha 2$ integrin expression can be prepared as described previously. For competitive reverse transcriptase PCR, RNA extracted from different cell types obtained from diabetic patients will be reverse transcribed to generate cDNA. The cDNA will be mixed with the various concentrations of competitive template amplified by the PCR method. After degradation of competitive cDNA with restriction enzyme, amplified cDNA will be subjected to electrophoresis in 2% agarose gel, electrotransferred to a nylon membrane, UV cross-linked to the membrane and hybridized with a 32 P-labeled probe. Autoradiographs will be used to quantify the label bound to the cDNA using amount of label bound to samples containing target cDNA alone as compared to samples also containing competitor

cDNA to arrive at the target cDNA concentration. For in situ PCR, a method has been described previously. The change in $\alpha 1$ and $\alpha 2$ integrin expression can be quantitated by counting the number of grains per cell in control vs. diabetic cells.

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Optionally, for each of the detection methods for α integrin subunits, the level of integrin subunit expression can be compared to expression of a control. The control is selected to be a protein expressed at the same levels in both normal and diabetic cells. The control protein is also selected to be one that is expressed at sufficient levels for easy detection and quantitation. The level of expression of α 1 and α 2 integrin expression can each be compared to that of the level of the control RNA expression in the cells. The level of RNA expression of α 1 integrin or α 2 integrin can be divided by the level of expression of the control RNA to normalize the values to the level of control expression in a particular cell sample. The level of expression of the control protein is detected and quantitated using the same method as α 1 or α 2 integrin expression. The preferred control protein is a cell surface HLA determinant.

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Optionally, the levels of $\alpha 3$, $\alpha 5$, or beta-1 integrin subunit expression can be analyzed as described above. The level of $\alpha 3$, $\alpha 5$, or beta-1 integrin expression in cells such as kidney tissue can be detected and quantitated as described for $\alpha 1$ and $\alpha 2$ integrin expression including *in situ* hybridization, *in situ* PCR, immunofluorescence and the like. Other cell types can be analyzed as described above, including fibroblasts and blood cells. Antibodies specific for $\alpha 3$, $\alpha 5$, and beta-1 can be prepared as described by Wayner et al. cited *supra*.

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A DNA sequence encoding $\alpha 3$ integrin has been described in Takada et al., J. Cell Biol. 115:257 (1991). A probe specific for cDNA sequence encoding $\alpha 3$ integrin subunit is a 1.4Kb Sal I fragment containing 5' untranslated and amino terminal coding sequences for $\alpha 3$ subunit of integrin. DNA sequences encoding $\alpha 3$, $\alpha 5$, and beta-1 integrin can be utilized to form primers and probes as described previously.

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The level of $\alpha 3$, $\alpha 5$, or beta-1 integrin expression is increased about 15 to 100% compared with cells from age matched nondiabetic controls. It is believed that an increase in $\alpha 3$, $\alpha 5$, or beta-1 integrin subunit expression may also identify patients that have an increased risk of developing diabetic nephropathy or that have early signs of diabetic nephropathy.

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This invention also relates to methods for detecting alterations in integrin subunit expression, particularly $\alpha 1$ and/or $\alpha 2$ integrin subunit expression by obtaining a cell sample from a patient, processing the sample to detect alterations in integrin subunit expression as compared to integrin expression in samples from age matched normal controls, detecting levels of integrin expression and determining if these levels are altered relative to controls.

This method is useful for predicting individuals at risk for developing pathologies associated with altered cell matrix deposition, including but not limited to renal nephropathy. In preferred embodiments of this invention, the tissues used to detect altered $\alpha 1$ and/or $\alpha 2$ integrin expression include kidney biopsies, skin biopsies and blood cells including polymorphonuclear cells, monocytes, and other cells expression integrin subunits. Biopsied tissue can be further separated into its cellular components or processed as tissue sections for *in situ* hybridization techniques, and/or for immunodiagnostic techniques including immunofluorescence and immunoperoxidase staining.

The cellular components of the biopsied tissue can be cultured for *in vitro* studies including Northern procedures, PCR techniques, immunofluorescent techniques and/or in situ hybridization techniques. Alternatively, cells can be separated and analyzed by flow cytometry, immunofluorescence, processed for PCR or for any of a variety of techniques discussed throughout this disclosure.

While blood cell components are preferably separated from the whole blood sample using methods well known in the art. Individual cells are separated, where necessary, using techniques such as those of Ng, et al. (supra), and Baron, et al. Clin. Sci. 37:205-219, 1990. Preferably the samples are tested using in situ hybridization methods. Where the amount of tissue available is fairly small, PCR-enhanced in situ hybridization can be used.

The present invention is also directed to a kit to detect alterations in integrin subunit expression, particularly $\alpha 1$ integrin and/or $\alpha 2$ integrin subunit expression in a patient sample. A variety of kits are contemplated to encompass a variety of methods. These kits optionally include reagents to process a tissue or cell sample for the technique employed by that particular kit. By example, a kit for PCR or PCR enhanced in situ hybridization can include reagents to process the cell sample or section and

isolate the RNA (for PCR). It will also contain suitable primers to amplify the target sequence and additional probes, if necessary, to detect the desired nucleic acid fragments as well as buffers and reagents for the polymerase chain reaction and the buffers and emulsions required to develop the silver granules, and the like, for *in situ* hybridization methods. Other kits can alternatively include reagents for immunofluorescence using antibodies to the integrin subunits and/or probes, primers and reagents for modifications of *in situ* or PCR *in situ* hybridization methods.

All publications and patent applications in this specification are indicative of the level of ordinary skill in the art to which this invention pertains. All publications and patent applications are herein incorporated by reference to the same extent as if each individual publication or patent application was specifically and individually indicated by reference.

It will be apparent to one of ordinary skill in the art that many changes and modifications can be made in the invention without departing from the spirit or scope of the appended claims.

Example 1 Effect of High Glucose on the Synthesis and Cell Surface Expression of Integrin Receptors by Cultured Mesangial Cells

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Cell lines and culture conditions

Human mesangial cells (HMC) were isolated from 19-22 week old fetal kidney tissue or adult tissue as previously described (Striker and Striker, *J. Lab. Invest.* 53(2):122-131, 1985). Cells were cultured at 37°C in an environment of 95% air and 5% CO₂ and in media composed of MEM (Sigma, St. Louis, MO) containing 5 or 25 mM glucose, 20% FBS, 15mM Hepes, penicillin (100 U/ml), streptomycin (100mg/ml), and amphotericin (25mg/ml). Cells were cultured in the two different conditions for at least two passages before they were used for experiments. Cells were released from their tissue culture flasks for passaging or for use in experiments, by washing twice with 1 mM EDTA in HBSS and then treating with 0.05% trypsin and 1 mM EDTA in HBSS for 1 min. Cells between passage 4 and 9 were used in experiments.

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The cells were grown in T-75 flasks until 75-80% confluent. For the adhesion and immunoprecipitation analyses, cells were metabolically labeled for 18 hours with 0.5 mCi of [³⁵S]-methionine per T-75 flask. [³⁵S]-methionine was obtained from Du Pont/NEN, Boston, MA.

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Monoclonal antibodies (Mabs) to integrin receptors

Mabs to the integrin receptors α3 (P3D11), α5 (P3D10) and β1 (P5D2) can be produced as previously described (Wayner et al., J. Cell. Biol 121(5):1141 (1993)) and are available from EA Wayner, Fred Hutchinson Cancer Center, Seattle, WA. The antibodies were characterized by sequential immunoprecipitation with known Mabs directed against these integrin receptors (P1B5, P1D6, P4C10) available from EA Wayner. Other Mabs α2 (P1H5), α4 (P4G9) and β2 (P4H9) were previously described (Wayner et al., cited supra 1993) and are available from EA Wayner, Fred Hutchinson Cancer Center, Seattle, WA. TS2/7 was provided by Dr. Martin Hemler (Dana Farber Cancer Institute, Boston, MA).

SR84 supernatant was used as a function-blocking anti-α1 Mab in inhibition experiments. SR84 is available from Dr. D.O. Clegg (Univ. of California, Santa Barbara, CA). (α6) G0H3 was purchased from AMAC Inc., Westbrook, ME. In addition monoclonal antibodies to α1 and α2 integrin were obtained from Telios Pharmaceuticals (San Diego, CA). Hybridoma culture supernatant or ascites fluid were used for immunoprecipitation, flow cytometry and inhibition experiments. A Mab directed to a cell surface HLA determinant was used as a negative control (W6/32, HB95: American Type Culture Collection, Rockville, Maryland, USA). W6/32 bound to the surface of cultured mesangial cells but did not influence adhesion of cIV. SP2 myeloma culture supernatant was also used as a control.

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Immunoprecipitation analysis of integrins from mesangial cell membranes

Mesangial cells metabolically labeled with [35]-methionine were detached from flasks by treatment with trypsin (Sigma) for 2 minutes, washed three times with phosphate-buffered saline (pH 7.4) and resuspended in PBS containing protease inhibitors (1 mM PMSF and 1 mM NEM). The radiolabeled cell membrane proteins were solubilized by adding lysis buffer (1% Triton X-100, 1 mM Calcium, 1 mM

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PMSF, 1 mM NEM and PBS at pH 7.4) and incubating for 60 minutes at 4°C. Insoluble material was separated by centrifugation at 10,000 rpm for 30 minutes.

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The supernatant was transferred and 10 μ l was tested for radioactivity ($\geq 10^7$ cpm/per antibody being assayed was considered to be adequate for immunoprecipitation). The lysate was precleared once with fetuin-agarose which was removed by centrifugation at 10,000 rpm for 15 minutes. This was followed by three preclears with protein A agarose bound to rabbit anti-mouse IgG, the last preclear was done overnight.

For immunoprecipitation, the cell lysate (equal counts of lysate for cells in 5 and 25 mM glucose were used) was incubated with the monoclonal antibodies to be tested, pre-bound to rabbit anti-mouse protein A-agarose. Myeloma culture supernatant was used as a negative control. Anti-HLA antibody (W6/32) was used as a control for loading. After an overnight incubation at 4°C, the agarose beads were washed five times and bound material was eluted by boiling for 5 minutes in SDS.

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The eluted material was analyzed by loading lysate from each permutation on a 7.5% non-reducing SDS-PAGE gel and labeled proteins were visualized by autoradiography. The fluorograms were scanned with a Macintosh Quadra 840 computer using the NIH Image 5.1 Program, and the optical density of the bands was red after subtracting the background. The O.D. was corrected using the lanes immunoprecipitated with W6/32. Immunoprecipitation assays were performed three times for each growth condition of mesangial cells.

Immunoprecipitates were obtained with anti-integrin monoclonal antibodies from detergent extracts of metabolically labeled human kidney mesangial cells grown in 5 (low) or 25 mM (high) glucose. Equal counts of membrane proteins were immunoprecipitated to compare the level of integrin receptors of mesangial cells under the two growth conditions of low or high glucose levels.

Cells grown in 25 mM glucose have a higher specific activity of labeling than cells in 5 mM glucose. To overcome this difference and permit a comparison of the band intensity on immunoprecipitation equal counts of cell lysate from the two populations were immunoprecipitated with the antibody. Densitometry and statistical analysis of three experiments was performed, the data normalized to the HLA control and expressed as an O.D. ratio of cells grown in high glucose (HG) to cells grown in

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low glucose (LG), for three experiments, with (LG = 1). Cells were labeled with [³⁵S]-methionine, the cells were harvested, and solubilized. Samples were incubated with antibody and equal counts of cell lysate from the two cell populations were immunoprecipitated with equal amounts of antibody.

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The control indicated that there were comparable amounts of cell surface HLA determinant precipitated from each sample. W6/32, a Mab to cell surface HLA determinant was used as a negative control. Other antibodies used included an anti-α1 antibody (TS2/7) and an anti-α2 antibody (P1H5). In total 5 mM and 25 mM glucose exposed cell extracts were immunoprecipitated side by side 3 times.

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The α1 subunit band was clearly discernible at 180 kD in cell samples exposed to 5 mM of glucose and was associated with a β1 band (116 kD). No α1 band could be seen in the 25 mM treated cell sample. In contrast, the α2 subunit band was more prominent in cell samples exposed to 25 mM glucose and appeared as a band at 130 kD. The 130 kD α2 band was present in 5 mM glucose but was significantly less intense than the 25 mM glucose treated samples.

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The cell lysates were also incubated with the following antibodies including: SP2 myeloma culture supernatant; anti- $\beta1$ (P5D2), anti- $\beta2$ (P4H9), anti- $\alpha2$ (P1H5), anti- $\alpha3$ (P3D11), anti- $\alpha4$ (P4G9), anti- $\alpha5$ (P3D10) and anti- $\alpha6$ (G0H3). Results were interpreted from three independent experiments. Immunoprecipitation of $\alpha3$ - $\alpha6$ and $\beta1$ integrin subunits was performed on cells from the two growth conditions. Subunits $\alpha4$ and $\alpha6$ were not detected in either cell population. The antibody to the $\beta1$ subunit precipitated a 116 kD protein, the $\beta1$ subunit, and also a precursor $\beta1$ band at 105 kD. The $\alpha3$ and $\alpha5$ subunits were seen at ≈ 130 kD with the associated β subunit at 116 kD, in both cell populations.

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Flow cytometry

Cell surface expression of integrin subunits by cultured human mesangial cells was evaluated by indirect immunofluorescence staining and flow cytometry. Mesangial cells were released with trypsin, washed and resuspended in FACS buffer (HBSS, 2% goat serum, 0.02% sodium azide). An equal number of cells, 2 x 10⁵ were added to each vial.

The cells were incubated with primary antibody for one hour at 4°C and washed once with 1 ml FACS buffer. The secondary antibody was then added in a total volume of 0.5 ml FACS buffer and incubated for 30 minutes at 4°C. The cells were again washed in 1 ml of FACS buffer and resuspended in 0.5 ml of 2% formaldehyde.

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The data was analyzed using CONSORT 30 software on a FACScan (Becton Dickinson, Mountain View, CA). Positive fluorescence was determined on a four decade log scale and fluorescence (log F1) was expressed as the mean channel number of 5,000 cells. Cell surface expression experiments were performed in duplicate with each antibody, at least three times with each growth condition of mesangial cells.

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Densitometric scanning of the fluorograms generated from metabolically labeled cells indicated that the synthesis of the β 1 (12%), α 3 (14%) and α 5 (19%) were moderately increased upon growth in 25 mM glucose. Growth in 25 mM glucose dramatically decreased synthesis of the α 1 subunit (39% reduction in intensity) while synthesis of α 2 was considerably increased (42%).

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These changes in metabolic activity were paralleled by a similar change in the cell surface integrin phenotype of mesangial cells grown in high glucose. To assess the effect of different glucose concentrations in the medium on the levels of mesangial cell surface integrin receptor expression cells in each glucose treatment population were stained for immunofluorescence and processed for flow cytommetry. Mean channel fluorescence (MCN) values of integrin subunit expression were obtained from 3 experiments. Within each experiment the ratio of MCN for cells grown in high glucose (HG) to cells grown in low glucose (LG), denominator = 1 was calculated.

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Cell surface expression of the following integrin subunits was increased by growth in high glucose: $\beta 1$ (24%), $\alpha 2$ (26%), $\alpha 3$ (18%), and $\alpha 5$ (19%). The decrease in the synthesis of $\alpha 1$ was reflected in a concomitant decrease in cell surface expression (33% reduction in specific staining). The $\alpha 4$ and $\alpha 6$ subunits were not detectable in cultured mesangial cells either by immunoprecipitation or flow cytometric analyses.

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Mesangial cells grown in high glucose (for at least 2 passages) were returned to control media (5 mM glucose), again for at least 2 passages. A flow cytometric analysis of these cells revealed a reversion to "low glucose" type. The expression of α 2, α 3, α 5 and β 1 were decreased while the expression of α 1 increased (data not shown).

Example 2 Adhesi n of Cultured Mesangial C lls to Type IV Collagen (cIV): Effect of High Glucose

5 Cell adhesion to collagen IV (cIV)

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The cells were detached from culture flasks by incubation with trypsin 0.05% and EDTA 0.02% for two minutes at 37°C, then washed twice with DMEM and resuspended to the appropriate concentration in binding buffer (DMEM, 25 mM HEPES, 2 mg/ml BSA at pH 7.4). 48 or 96 well plates were coated overnight at 29°C with cIV in serial dilutions starting from 100 µg/ml (5 µg/96 well or 20 µg/48 well). Under these conditions approximately 50% of the cIV adhered. To block the remaining reactive sites the plates were treated with 200 µl of BSA at 2 mg/ml for 2 hours at 37°C. 50 µl of suspension containing 5000 cells (96 well plates) or 100,000 cells (48 well plates) was added per well. The plates were incubated at 37°C in a humidified incubator for approximately 30 minutes. The non-adherent cells were removed by washing three times with binding buffer and then 100 µl of "lysis" buffer (0.5 NaOH, 1% SDS in distilled water) was added to each well for 30 minutes at 60°C. The lysate was transferred to scintillation vials and counted. The data was expressed as a percentage of the total input cpm. Cell adhesion assays were performed in triplicate, at least three times for each growth condition.

Cells grown in medium containing 25 mM glucose adhered significantly better than cells in 5 mM glucose. Adhesion increased with coating concentration of cIV and was saturated at 25 µg/ml for both cell populations.

25 Inhibition of cell adhesion with monoclonal antibodies

Since growth in high glucose appeared to alter the synthesis and expression of the integrin receptors $\alpha 1\beta 1$ and $\alpha 2\beta 1$ which have been reported to be involved in cell adhesion to collagen, (Wayner and Carter, *J. Cell. Biol.* 105:1873 (1987)), we examined the effects of glucose on the ability of mesangial cells to adhere to cIV.

Monoclonal antibody inhibition of ³⁵S-methionine labeled human mesangial cells grown in 5 mM glucose to cIV was assessed. Briefly, 96 or 48 well plates were coated with 50 or 200 µl of cIV at 2.5 µg/ml, overnight at 29°C. The plates were incubated with 2% BSA in PBS to coat remaining reactive sites on plastic for 2 hours,

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and then hybridoma culture supernatant or ascites containing 10 µg/ml of antibody were added to each well, followed immediately by the cells. After 30 minutes non-adherent cells were washed off and adherent cells were quantitated. Results were obtained from 3 experiments. SP2 myeloma culture supernatant of W6/32 were used as negative controls. A quantitative ELISA was used to determine the concentration of antibody in the hybridoma culture supernatant or ascites.

In each case, the concentration of monoclonal antibody (Mab) was determined relative to a standard curve generated with an isotype-matched control mouse IgG. The concentration of antibody required to saturate the binding sites on human mesangial cells was determined by flow cytometry. The concentration of the antibodies used in the inhibition assays were well above the saturating concentration as determined by flow cytometry. Data were expressed as the percent of maximal binding observed in the presence of W6/32 antibody. Inhibition experiments were performed at least three times, in triplicate, for each growth condition with the various antibodies.

Mesangial cells grown in high glucose (25 mM) adhered better to cIV than cells grown in low glucose (5 mM). Results indicated that adhesion increased with coating concentration of collagen IV and saturated at about 25 µg/ml for both cell populations.

In order to examine the activity of collagen receptors expressed by mesangial cells grown in high glucose, we performed adhesion experiments in the presence of well characterized neutralizing antibodies directed to various β1 integrin subunits. A panel of antibodies was used all of which have been reported to inhibit the adhesion of cells to various substrates (Wayner and Carter, cited *supra*, 1987; Wayner et al., cited *supra*, 1993). Antibodies were used at saturating concentrations as determined by immunofluorescence staining and flow cytometry. In the competition experiments, the following criteria were selected to promote half-maximal binding of mesangial cells: 2.5 μg/ml cIV and a short term assay (less than 30 min). The ability of neutralizing Mabs to inhibit mesangial cell adhesion to cIV was examined in low (5 mM) or high glucose (25 mM) containing media.

To test Mab-mediated adhesion inhibition of mesangial cells grown in 5 mM glucose or 25 mM glucose to collagen IV, ³⁵S-methionine labeled human mesangial cells were seeded in 48 well plates (100,000 cells/well) coated with 200 μl cIV (2.5 μg/ml, overnight at 29°C). Mab's anti-α1, SR84, anti-α2, P1H5, anti-β1, P5D2 and

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SR84 and P1H5 together, were added to the wells before seeding with cells. Adhesion in the presence of W6/32 was used as a control. After 20 minutes non-adherent cells were washed out and adherent cells quantitated. The data was expressed as a percentage of the binding in the presence of W6/32. and the two cell populations were normalized by using the binding in the presence of HLA antibody to represent 100% and the inhibition by other antibodies was calculated as a percentage of binding in the presence of HLA.

The results indicated that the $\alpha 1\beta 1$ integrin receptor had a reduced role (*p < 0.001) for cells grown in 5 mM glucose as compared with 25 mM glucose. Of the antibodies examined, only Mabs directed to the $\alpha 1$ (SR84), $\alpha 2$ (P1H5) or $\beta 1$ (P5D2) integrin subunits inhibited the binding of mesangial cells to cIV. When mesangial cells were grown in either low or high glucose, adhesion to cIV could be almost completely inhibited with Mabs to $\beta 1$ (P5D2) or a combination of $\alpha 1$ (SR84) and $\alpha 2$ (P1H5).

The relative effects of the neutralizing Mabs directed against the $\alpha 1$ and $\alpha 2$ subunits varied depending on whether mesangial cells were grown in low or high glucose. In 5 mM glucose the Mab to the $\alpha 1$ subunit of integrins resulted in more inhibition ($\approx 50\%$) than in 25 mM glucose ($\approx 20\%$) (p < 0.001). This is consistent with the presence of significantly more $\alpha 1$ integrin on the surface of cells grown in 5 mM glucose. Alternatively, in 5 mM glucose the Mab to the $\alpha 2$ subunit resulted in less inhibition ($\approx 60\%$) than in 25 mM glucose ($\approx 75\%$) (p < 0.001). Mab's against the $\alpha 3$, $\alpha 4$, $\alpha 5$ and $\alpha 6$ subunits did not inhibit adhesion (data not shown).

These data demonstrate that under low glucose growth conditions, mesangial cells use $\alpha 1\beta 1$ and $\alpha 2\beta 1$ integrins to bind cIV coated surfaces. However, cells grown in high glucose, appear to rely more on the $\alpha 2$ subunit complexed with $\beta 1$. The results of these functional studies are consistent with the observed alterations in the integrin cell surface phenotype discussed in Example 1.

Example 3 Localization of α1β1 and α2β1 Integrin Receptors Localization of α1 integrin in focal adhesions

Glass cover slips were coated with 50 µl of cIV at 2.5 µg/ml, overnight at 29°C. The coated areas were "blocked" for two hours with BSA at 2 mg/ml, in PBS. Human

mesangial cells were processed as before, seeded on each spot of cIV in 50 µl of binding buffer (2500 cells) and allowed to adhere for 5 hours at 37°C. The unbound cells were washed off with PBS. Adherent cells were fixed with 2% paraformaldehyde in HBSS for 30 minutes followed by permeabilization with 0.5% Triton X-100 for 2 minutes.

The cells were blocked again with PBS following which 200 μl of hybridoma culture supernatant containing anti-α1 antibody (TS1/7) was added to each spot and incubated at room temperature for 1 hour. The coverslips were then thoroughly washed and rhodamine-conjugated goat anti-mouse antibody (1:100) (Boehringer Mannheim, Indianapolis, IN) was added for one hour. The coverslips were again washed and incubated with anti-vinculin antibodies (Sigma, St. Louis, MO) preconjugated (Quicktag, FITC labeling kit, Boehringer Mannheim, Indianapolis, IN) to FITC labeled goat anti-mouse antibody for 1 hour at room temperature. The coverslips were finally washed, mounted on glass slides and viewed for focal adhesions by co-localization of vinculin with α1 integrin.

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Staining of normal human adult kidneys for the presence of \$1 integrins

Normal human adult kidney tissue was snap frozen in liquid nitrogen and sections were prepared with a cryostat at 5 μ m intervals. The sections were stained using an anti-mouse Vectastain Elite Kit (as described by Wayner et al., 1993) with diamino benzene (DAB) as the chromogen. The following mAbs were used: α 1 (TS2/7), α 2 (P1H5), α 3 (P3D11), α 4 (P4G9) and β 1 (P5D2). These monoclonal antibodies are available from the following sources and stained the following histological areas as was demonstrated in these studies:

 $\alpha 1$ (TS2/7) Martin Hemler, Dana Farber Cancer Center, Boston, MA. 25 Stained mesangium. $\alpha 2 \text{ (P1H5)}$ EA Wayner, Fred Hutchinson Cancer Center, Seattle, WA Stained mesangium. 30 EA Wayner, Fred Hutchinson Cancer Center, Seattle, WA α 3 (P3D11) Stained the mesangium, endothelium, visceral and Bowman's epithelium and capsule. 35 EA Wayner, Fred Hutchinson Cancer Center, Seattle, WA α4 (P4G9)

Did not stain glomeruli.

β1 (P5D2) EA Wayner, Fred Hutchinson Cancer Center, Seattle, WA Stained mesangium, endothelium, visceral epithelium, Bownman's epithelium and capsule.

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Normal mouse IgG (all isotypes) was used as a negative control.

These studies demonstrated the presence of $\alpha1\beta1$ and $\alpha2\beta1$ integrin receptors in focal adhesions. Focal adhesions are observed when cells spread in culture on matrix components such as collagen IV, fibronectin or laminin. Integrins cluster at the site of focal adhesions on the cell surface with intracellular fibers such as vinculin staining at these locations within the cell periphery. (see Hynes, et al. *Cell* 69:11-25, 1992 and Burridge, et al. *Ann. Rev. Cell Biol.* 4:487-525, 1988). This supports the hypothesis that mesangial cells use $\alpha1\beta1$ and $\alpha2\beta1$ integrin receptors to bind to cIV. It has been well established that when a particular integrin receptor is engaged by a specific ligand it can be detected in focal contacts co-localized with certain components of the cytoskeleton such as vinculin. Therefore, we asked whether mesangial cells could localize $\alpha1$ (or $\alpha2$ and $\beta1$) to focal adhesions when seeded on cIV coated substrates.

 $\alpha 2$ or $\beta 1$ could be detected in focal contacts on cIV regardless of whether mesangial cells were grown in either low or high glucose. Additionally, when mesangial cells were grown in 5 mM glucose and subsequently seeded on cIV coated surfaces, $\alpha 1$ could also be co-localized with vinculin within several focal contacts by dual-label immunofluorescence staining. It is believed that cIV binding in cells maintained in low glucose engages both the $\alpha 1$ and $\alpha 2$ subunits. $\alpha 1$ could be detected in only some of the focal adhesions stained by vinculin. As a control, $\alpha 1$ was not detected in focal contacts when mesangial cells were seeded onto fibronectin coated surfaces regardless of the glucose concentration of the cell culture media.

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Immunohistochemical staining of integrin receptor subunits in normal human adult and fetal kidney revealed that both $\alpha 1$ and $\alpha 2$ could be localized within the mesangium. The $\alpha 1$ receptor was diffusely expressed throughout the mesangium whereas the distribution of $\alpha 2$ was more limited and focal. Also consistent with the results we obtained with cultured mesangial cells, $\beta 1$ and $\alpha 3$ were intensely expressed throughout the mesangium, while $\alpha 4$ could not be detected in either fetal or adult mesangium.

Example 4 Alterations in RNA Production in Human Mesangial Cells cultured in High and Low Glucose Concentrations

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Our efforts have concentrated on finding a way to predict, at early stages after the onset of diabetes, the subjects who will later develop nephropathy. We focused on a major hallmark of diabetic nephropathy, that of mesangial expansion. We first examined mesangial cells in culture, since these cells secrete their surrounding matrix, which is expanded in diabetes; however, biopsied tissue can be treated in the same manner, as will be understood by those skilled in the art. The matrix consists primarily of collagen IV.

Primary cultures of human mesangial cells undergo several phenotypic changes in response to elevated glucose concentrations and glucose-modified ("glycated") collagen IV. These changes included altered cell interactions with the collagen matrix. In elevated glucose concentrations, the all subunit underwent a substantial decrease, concomitant with an increase of the a2 integrin subunit. This change was observed with immunoprecipitation and flow cytometry. Further studies with Northern analysis and in situ hybridization of the cultured mesangial cells confirmed the integrin reversal. In the studies employing Northern analyses, separate samples of total RNA were isolated from the mesangial cells on each culture plate or alternatively from rat kidneys (see Example 5, below) by a single-step method using RNA STAT-60TM isolation reagent (TEL-TEST "B", INC., Friendswood, TX) according to the manufacturers directions. Briefly, the cells were lysed with RNA STAT-60TM solution by repetitive pipetting; the tissues were cut into small pieces and homogenized in the RNA STAT-60 solution with a high-speed tissue homogenizer (Polytron CH6005, Luzern, Switzerland). The nucleic acid mixture was extracted with 0.2 ml chloroform per 1ml of the RNA STAT-60TM solution. Total RNA was precipitated for 10 min at -80°C in isopropanol, and the pelleted RNA was redissolved in TE buffer. The total RNA was free of DNA and proteins and had a 260/280 wavelength ratio > 1.8.

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Northern blot analysis-The RNA samples were denatured in formaldehyde gelrunning buffer (20 mM MOPS, 8 mM sodium acetate, mM EDTA, at pH 7.0) containing 6% formaldehyde and 50% formamide by heating at 65°C for 15 min. For each sample 20 mg of RNA was mixed with 6x loading buffer (50% glycerol, 1 mM

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EDTA, 0.25% bromphenol blue, 0.25% Xylene cyanol FF), loaded on a 1% agarose gel submerged in 6% formaldehyde running buffer, and run at 3-5 V/cm for 3-4 hours. RNA was transferred from the agarose gel to a nylon membrane (Boehringer Mannheim, Indianapolis, IN) by capillary elution and immobilized by UV cross-linking (Stratalinker UV; Stratagene, La Jolla, CA). The membranes were then incubated in prehybridization solution containing 50% formamide, 5xSSC. 0.02% SDS, 0.1% Nlauroylsarcosine, 2% blocking reagent (Boehringer Mannheim), and 20 mM sodium maleate (pH 7.5) for >3 hours at 42°C. Radiolabeled probes (see Example 5) for the integrin subunits or controls were then added to the prehybridization solution and hybridization was performed overnight at 42°C (for cDNA probe) or 50°C (for antisense RNA probe). After hybridization, the membranes were initially washed in 2x SSC, 0.05% SDS for 10 minutes at room temperature and then washed for an additional 40 minutes at 42°C (for cDNA probe) or 60°C (for antisense RNA probe). Membranes were then exposed to X-ray film (X-Omat RP; Eastman Kodak Co., Rochester, NY) for 1 day at -80°C. After being stripped of previous probes by heating in 0.2x SSC, 0.5% SDS for 10 min at 100°C, the membranes were reprobed as described above. Images of autoradiograms were captured and digitized using a CCD video camera module interfaced with a microcomputer (Macintosh IIcx: Apple Computers Inc., Cupertino, CA) and analyzed using image processing software (NIH Image 1.55b77: public domain).

Cells grown in 25 mM glucose expressed lower levels of α l integrin than seen in an equivalent amount of RNA from cells grown in 5 mM glucose. Densitometric analysis demonstrated an \approx 30% decrease upon averaging the values from four samples. Similar analysis demonstrated \approx 30% increase in α 2 integrin expression in cells grown in 25 mM glucose.

Example 5 In Situ Hybridization Detecting Expression of Integrins in Kidney Sections Taken at Various Times After Onset of Diabetes

The expression of $\alpha 1$ and $\alpha 2$ integrin receptors was examined in rat kidney sections after the onset of diabetes.

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The *in situ* hybridization approach was used to examine kidney sections of streptozotocin-diabetic rats, 2.5 months after induction of diabetes. At this time interval, glomerular changes were still minimal. The streptozotocin-induced diabetic rat model mimics human changes of mesangial expansion and glomerular basement membrane thickening in late nephropathy and is an art accepted model for diabetes and nephropathy.

Female non-pregnant Sprague-Dawley rats were obtained from Brithwood, Minneapolis, MN. The animals weighed 190-210 g at the beginning of the experiments and were given a 52mg/kg intraperitoneal dose of streptozotocin (STZ, Zanazar brand, Upjohn Corp., Kalamazoo, M1) in calcium citrate and calcium carbonate Buffer (pH 4.5) to induce diabetes, while the controls were injected with the same amount of Hanks' balanced salt solution (pH 7.2). The animals were fed on standard rat chow (Purina laboratory chow # 5001. RFG PET@Supply Company, Plymouth, MN), and tap water ad libitum. Presence of diabetes was confirmed by detection of >400mg/dl nonfasting plasma glucose levels 10 days post injection by tail vein bleeding using the glucose peroxide method (Beckman glucose analyzer, Beckman Instruments, Inc., Fullerton, CA).

Body weight was determined weekly, blood glucose levels were determined at 4 weeks after induction of diabetes, and on the day before the termination of the experiment, which was 2.5 month from induction of diabetes. Urinary albumin excretion (UAE) was determined by radial immunodiffusion Mancini method, using goat IgG fraction against rat albumin (Cappel Cat. No. 55727) and purified rat albumin (Cappel Cat. No. 55952, Cappel Research Products, Durham, NC), according to previously published procedures (Mauer et al, *Diabetes* 27:959-64, 1978). Rats were sacrificed at 2.5 months after diabetes induction and kidney tissue was perfusionally fixed by injecting freshly prepared 4% paraformaldehyde through the renal artery. This was followed by overnight fixation in 4% paraformaldehyde after removal from the body. The tissue was sectioned at 5 μ m and placed on the silane-coated slides (Digene Diagnostics, Inc., Beltsville, MD) for *in situ* hybridization with probes for the α l and α 2 integrin subunits.

2.5 months after injection of STZ, diabetic rats weighted significantly less than controls, whereas their right kidney weight and serum glucose concentration were

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significantly increased, as compared to the controls (see Table 1). Diabetic and non-diabetic rats demonstrated no significant difference in glomerular size and albumin excretion at 2.5 month after induction of diabetes (Table 1).

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TABLE 1

TISSUE	CONTROL	DIABETTIC	S/NS
Body Wt.(g)	390+/-10	200+/-20	S
Right Kidney wt. (g)	1.35+/-0.1	1.8+/-0.1	S
Plasma glucose (mg/dl)	140+/-25	760+/150	S
Glomerular area	1.42+/-0.5	1.45+/-0.6	NS

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A 5.4 kb human α2 integrin CDNA clone (Takada, et al., 1989, supra) and a rat αl integrin cDNA clone (Ignatius et al, supra) in bluescript vector (Stratagene, La Jolla, CA) were used in these experiments. A 1.79 kb α2 integrin cDNA fragment was restriction digested from the EcoRI site. Similarly, a 3.98 kb α1 integrin cDNA fragment was obtained by restriction digestion from the EcoRI site.

cDNA fragments were purified by GENE CLEAN II kit (BIO 101, San Diego, CA) and labeled using the random primer labeling kit (Boehringer Mannheim, Indianapolis, IN) with P³²-dCTP (NEN) for Northern blotting and with S³⁵-dCTP (NEN) for *in situ* hybridization. GAPDH and sheep visna virus cDNA (PLV-KS) (Staskus et al, *Virology* 181:228-240, 1991) probes were used as the positive and negative controls respectively. The probes preferably had a specific activity of 2 x 10⁸ - 1 x 10⁹ dpm/µg.

By Northern blotting, compared to the controls, the diabetic kidneys expressed 113.5% more $\alpha 1(IV)$ RNA, 46.5% more $\alpha 3(IV)$ RNA, 54.8% less metalloproteinase-2 RNA (MMP-2, an enzyme that cleaves type IV collagen) and 246% more TIMP-1 RNA (a tissue inhibitor of metalloproteinases) with a p< 0.01 in all cases as determined by ANOVA.

The expression of αl and $\alpha 2$ integrin RNA was localized using a modification of a previously described method for *in situ* hybridization (Staskus et al. *supra*). 5µm tissue sections on silane-coated slides were fixed in the freshly prepared 4% paraformaldehyde for 10 min. The slides were pretreated with 0.2N HCl for 20 min, 0. 15 M Triethanolamine (TEA, Sigma, St. Louis, MO) for 15 min, 0.005% digitonin for 5 min, 3 mg/ml proteinase K (Sigma) for 15 min at 37°C, and 0.3% acetic anhydride -

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O.1M TEA for 10 min. Hybridizations were performed under stringent hybridization conditions. Stringent hybridization conditions are defined in this specification as 50°C overnight, in 50% formamide, 0.6 M NaCl, 1x Denhardt's solution, 0. 17 mg/ml human COT^{RT} DNA (GIBCO/BRL), 1 mg/ml poly A (Boehringer Mannhieim), 10% (w/v) Dextran sulfate (Sigma), 0. 1 M dithiothreitol (DTT, Boehringer Mannheim), 1 mM EDTA, 0. 1 mM aurinitricarboxylic acid (ATA, Sigma) and S³⁵-dCTP labeled cDNA probe. The next day, the slides were washed in 2x SSC-0.05% SDS for 60 min at 55°C (recipes for SSC and the like can be found in Sambrook, et al., *supra*); further washed in a high stringency washing buffer containing 50% formamide, 0.6 M NaCl, 1 mM EDTA, 5 mM DTT and 10 mM Hepes for 4 days at room temperature. After a brief rinse in 2x SSC, the slides were dehydrated in graded ethanol with 0.3 M ammonium acetate then dipped in Kodak NTB-2 emulsion and exposed for 5 days at 4°C.

After development the slides were stained with hematoxylin-eosin (Surgipath Canada, 1nc., Winnipeg, Canada) and mounted. A ratio of the number of silver grains per cell was used to quantitate the results of *in situ* hybridization. Twenty glomeruli each were counted from each control and diabetic animal. Each glomerulus was assessed for: 1) glomerular area; 2) glomerular perimeter; 3) grains per glomerulus; and 4) number of cell nuclei per glomerulus.

The results were estimated as grains per cell nucleus and grains per glomerular area, as mean +/- SD of 5 animals (20 glomeruli each). (Haase, A.T., [1990]: *In situ* hybridization, CRC Press, 199-217; Nuovo, G.J., [1992] PCR in situ hybridization. protocols and applications, Raven Press). Groups were compared with the 2-tailed student t-test. Differences between groups were considered significant at p<0.05.

The results are illustrated in Fig. 1. Early after induction of experimental diabetes, the expression of the $\alpha 1$ integrin subunit by glomerular cells was decreased compared to the control, whereas the expression of $\alpha 2$ integrin was increased. The average counts, in diabetic glomeruli hybridized with the $\alpha 1$ integrin probe, were significantly lower than control (Fig. 1). Also, the average counts, in diabetic glomeruli hybridized with the $\alpha 2$ integrin probe, were significantly higher than control (Fig. 1).

Control animals at 2.5 month diabetes expressed on an average a significantly higher level of $\alpha 1$ subunit integrin and significantly lower levels of $\alpha 2$ subunit integrin using unbiased methods of selection of areas for study. The entire section was surveyed

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for RNA grains, the regions of the Bowman's space and the background count were excluded by studying a commensurate area of the negative control stained tissue.

Compared to the control, glomerular cells (GC:endothelial, epithelial and mesangial combine) and/or tubular (proximal and distal epithelial) cells (TC) had 36% (GC) less grains for α1 integrin; 86.4% (GC) more grains for α2 integrin; 82(TC)-167% (GC) more grains for α1(IV); 107 (TC)-137% (GC) more grains for α3(IV); 63.6(GC)-65.3%(TC) less MMP-2.

The results of the present study clearly demonstrate that mesangial cells, when cultured in high glucose (25 mM) instead of normal/low glucose (5 mM) alter their RNA production for the integrin subunits $\alpha 1$ and $\alpha 2$. Thus, this phenomenon is observed both at the level of protein and RNA production.

Furthermore, the results of our in situ hybridization and immunohistochemical staining experiments show that these changes can be detected in the mesangium of diabetic rat kidney and that human a2 integrin subunit probes and rat a1 integrin subunit probes are functional in both rat and human cells. Work by Mendrick and coworkers (Lab. Invest. 72(3):367-375, 1995) has shown that in the rat both integrins αΙβΙ and α2βl of mesangial cells interact with collagen; as happens in the human mesangial cells. In the present study, the distribution of a1 and a2 integrin receptor subunit RNA was precisely localized by in situ hybridization to the different cell types of the glomerulus and surrounding tubules. Normal rat tissues expressed levels of the $\alpha 1$ subunit and also the $\alpha 2$ subunit RNA, as determined by counting the number ratio of silver grains/cell. However, the streptozotocin-induced diabetic animals had significantly lower levels of RNA for the al subunit and significantly higher levels of α2 subunit. A similar distribution of αl and α2 subunit RNA (silver grains) was seen in the proximal and distal tubular epithelial cells. These data indicate that the distribution of cell surface integrin expression may be regulated by gene expression at the transcriptional level.

In summary, using in situ hybridization, similar results were seen in both mesangial cells in vitro and in glomeruli from tissue sections probed for the $\alpha 1$ and $\alpha 2$ integrin.

Early after induction of streptozotocin-diabetes in rates, substantial matrixrelated gene expression changes occurred. For example, $\alpha 1$ and $\alpha 2$ integrin levels

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changes, components of $\alpha 1\beta 1$ and $\alpha 2\beta 1$ integrin cell receptors for tIV (an important component of the renal extracellular matrix) underwent a reversal in levels with less $\alpha 1$ and more $\alpha 2$ integrin being present in glomeruli from kidneys of diabetic rats, when compared to the control. Expression of tIV was increased whereas the expression of MMP-2 which degrades tIV was substantially decreased. TIMP-1, an inhibitor of MMP-2 was increased. The observed matrix changes indicate an imbalance of tIV synthesis and turnover. This dysmetabolism of tIV, apparent in both the glomerular and tubular areas of the kidney, occurred before significant renal functional changes, or matrix accumulation out of proportion to renal enlargement, could be detectable. These changes could have a regulatory role in significant basement membrane thickening and mesangial expansion of diabetic nephropathy.

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Collectively, the obtained data indicate that increased glucose concentration induces quantitative changes in receptor synthesis and cell surface integrin expression of human mesangial cells. In the diabetic, all cell systems are exposed to hyperglycemia and it is know that many cell and organ systems are affected by the disease; therefore, other cell types could similarly be used to assess changes in the levels of $\alpha 1$ and/or $\alpha 2$ integrin subunit expression as a measure of a predisposition to a variety of diabetic-induced pathologies. Kyu-Jin, et al. (*supra*) have noted alterations in integrin subunit expression in skin fibroblasts of diabetic patients. This information, in conjunction with the data discussed herein, indicates that altered levels of integrin subunit expression can be detected from a variety of integrin-expressing cells in diabetic nephropathy patients.

These results support the *in vitro* primary human mesangial cell culture data demonstrating that changes in cell surface integrin expression indicate the onset of nephropathic changes.

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Example 6 Detection of Altered Levels of a1 and a2 Integrin Subunit Expression in Humans using Blood and Tissue Samples

Patients with insulin-dependent diabetes mellitus (IDDM), individuals at risk for developing IDDM, patients with clinical diabetes nephropathy and healthy age matched volunteers are selected for studies to confirm the presence of altered $\alpha 1$ and $\alpha 2$ integrin subunit expression in integrin-producing cells. Clinical diabetic nephropathy is defined by the presence of persistent proteinuria (urinary AER > 300 µg/day) in sterile urine of

patients with >10 yr duration of disease and concomitant retinopathy and is confirmed by the presence of classic glomerulosclerotic lesions on renal biopsy. Normal, nondiabetic individuals without a family history of hypertension serve as control subjects.

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Patients were biopsied as follows: For skin biopsies, a biopsy is taken from the anterior surface of the left forearm by excision under local anaesthetic such as ethyl chloride, see Trevisan, et al. *Diabetes* 41:1239-45, 1992. The biopsy is optionally divided in half. With half of the tissue frozen immediately in liquid nitrogen and the other half placed in Hanks balanced salt solution. The frozen tissue is embedded in paraffin and processed for *in situ* hybridization as has been described above. A portion of the intact tissue is preferably immediately minced and processed for RNA isolation using techniques described above. Remaining minced tissue is gently digested with trypsin to obtain a cell suspension, washed in media containing serum to remove trypsin and plated onto tissue culture dishes containing 10% FCS supplemented DMEM with antibiotics.

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Renal biopsies were obtained as follows. Patients should have normal blood pressures, normal coagulation values and platelet counts. Ultrasound was used to precisely localize the kidney. Ultrasound was also used to determine renal size, structural defects and post-void residual urine. Renal biopsies were performed on sedated patients using the Franklin modified Vim-Silverman or Truecut needles available from surgical supply suppliers. The biopsy specimens were immediately examined under a dissecting microscope to ensure that adequate samples of glomeruli were present for subsequent studies to quantitate integrin levels. Biopsied tissue was sectioned and processed for *in situ* hybridization as described in Example 5. In one example, renal samples from diabetic patients who did not show signs of microalbuminuria, but who had diabetic siblings with renal nephropathy were processed for *in situ* hybridization and PCR *in situ* hybridization. Renal samples from diabetic patients without a family history of nephropathy were also studied by PCR *in situ* hybridization to detect altered levels of integrin subunit expression.

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PCR in situ hybridization is performed as follows. Sections are fixed as described in Example 5 and rinsed in RNase free water. The protocol used is that described by Nuovo, et al. (Am. J. Surg. Pathol. 17:683-690, 1993.) Cells are treated

with pepsin and DNase as described. cDNA synthesis is initiated by adding 10µl of a solution containing one or more of the following probes listed in a 5'-3' orientation with their SEQ ID NOS and their nucleic acid location on the respective integrin gene with reverse transcriptase (Perkin-ELmer, Norwalk, Conn.):

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	al integrin primer	SEQ ID NO	NA location
10	CCAGAGTCACTCTCACAGAG CACAGCGTACACGTACACC CACTTATAGACATCTCCAG	5 6 7	2729-2748 1991-2009 646-664
	a2 integrin primer	SEQ ID NO	NA location
15	CATCCATGTTGATGTCTG CATGTGATTCACCGTCAG GCATATTGAATTGCTCCGAATGT	8 9 ΓG 10	1733-1750 894-910 801-826

The resulting cDNAs are subjected to amplification containing a 1 μ M concentration (each) of one or more of the above primers with a paired primer located 5' to the primers provided above. Those skilled in the art will recognize that a variety of other primers could also be used from the α 1 and α 2 integrin gene sequence to similarly perform PCR *in situ* hybridization. The preferred primers paired with the above primers are provided below.

	al integrin primer	SEQ ID NO	NA location	SEQ ID Pair
25	GGCGTATGCACAACGCA GCGACAGCTGACCAGTCAGCA	11 12	2261-2277 1509-1529	5 6
	CACTCCTCCACAGCTCCT	13	251-268	7
	a2 integrin primer	SEQ ID NO	NA location	SEQ ID Pair
30	ACATGTACTCACTGG	14	1593-1608	8
	CTCACATGTGGTCCTCTG	15	433-451	9
	GTCCTGTTGACCTATCCACTGC	16	296-319	10

The SEQ ID Pair in the above table refers to the paired primer that provides amplification of the sequence positioned between the primer pairs on the respective integrin gene. The PCR products are detected by using an antidigoxigenin-alkaline phosphatase conjugate and the chromagen nitroblue tetrazolium (NBT)-5-bromo-4-chloro-3-indoylphosphate toluidinium (Salt) (BCIP). The counterstain nuclear fast red

is used to stain nuclei. Internal probes 1 cated within the nucleic acid regions amplified by PCR can also be used to identify the amplified fragments. Thus, based on the pairings provided above, oligonucleotide probes can be selected between regions 267-645, 1530-1990 and between 2278-2728 for the α 1 integrin gene and between regions 320-800, 452-893, 1607-1732 for the α 2 integrin gene and hybridized and stained following the *in situ* hybridization methods detailed in Example 5.

A blood sample is also taken from the patient and leukocytes are isolated from blood by centrifugation, followed by hypotonic shock of residual blood cells. The leukocytes are then processed for *in situ* hybridization as has been discussed in the preceding examples.

Results:

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PCR in situ hybridization with renal tissues demonstrated decreased α1 and increased α2 integrin subunits in the patient with diabetic neuropathy as compared with control tissue.

Quantitative analysis of RNA grains per unit area of kidney glomeruli and tubules was performed by counting silver grains under epi-polarized light.

As shown in Table 2, both glomeruli and tubules of the diabetic neuropathy patient showed significantly decreased $\alpha 1$ integrin levels as compared to the control, whereas $\alpha 2$ integrin levels were significantly increased as compared with control levels.

TABLE 2

	Glom	eruli ^a	Tub	ules ^a
Sample	αΙ	62	œ.l	02
Control	156	83	136	101
Diabetic Neuropathy	121 ^b	95°	89°	124 ^b

 $^{^{}a}$ = grains per unit area b = p <0.05 c = p <0.01

These results confirm the *in vitro* observations in mesangial cells that there is a decrease of the $\alpha 1$ integrin subunit and a concommitant increase of $\alpha 2$ integrin

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expression in a diabetic nephropathy. This represents a reversal of mesangial integrins which mediate binding of mesangial cells to collagen IV.

Example 7

Increased Integrin Subunit Expression in Skin Fibroblasts From Diabetic Patients with Nephropathy as Compared with Control Diabetic Patients

Fibroblasts were obtained from skin biopsies from diabetic patients with or without diabetic nephropathy and cultured as described for Example 6. Expression of $\alpha 3$, $\alpha 5$, and beta-1 integrin subunits in the cultured cells was analyzed by Northern blotting and subsequent densitometry, as described above, and using published probes.

For the $\alpha 3$ integrin subunit, the 1.9 Sall fragment described in Takada Y., et al., J. Cell Biol. 115:257-266 was used. For the $\beta 1$ subunit, the 3.6 kb insert of the $\beta 1$ subunit (the whole cDNA), described in Giancotti and Ruoslahti, Cell 60:849-850 (1990) was used. For the $\alpha 5$ subunit, the 3.7 kb Sall-Xba insert of the $\alpha 5$ subunit (the whole cDNA) described in Giancotti and Ruoslahti, Supra as used. These probes were radiolabeled and used under the same conditions as those described for Example 6.

The study included five patients per group, five each from the normal, diabetic "slow track" and from the Diabetic "fast track". Both groups of diabetic human subjects had renal function studies and kidney biopsies performed as part of their evaluation as possible candidates for pancreas transplantation. All procedures were approved by the Committee on Human Subjects at the University of Minnesota, and all patients gave written consent. All patients spent one week at the Clinical Research Center (CRC) at the University of Minnesota for pre-pancreas transplant evaluation, during which time they underwent multiple 24-hour urine collections (at least three) for measurements of creatinine clearance and urinary albumin excretion. Blood pressure was measured repeatedly by the CRC nursing staff. HbA1 was used to assess glycemic control. All patients underwent percutaneous kidney biopsy and skin biopsy. Patients were divided into two groups based on criteria of severity of renal lesions determined by morphometric analysis of mesangial functional volume and IDDM duration.

"Normal" samples were kidney biopsies from non-diabetic human subjects, taken to examine for the presence of neoplastic tissue, etc., on which a similar analysis to that performed for the diabetic tissues was done. These subjects underwent similar renal functional studies to make certain that albuminuria, increased creatinine clearance, or hypertension were not present.

The data, shown below in Table 3, demonstrate a significant increase in $\alpha 3$ and beta-1 subunit expression in the skin fibroblasts of diabetic nephropathy patients as compared with the control diabetic patients.

TABLE 3

Integrin Subunit	Normal Values	Control Diabetic	Nephropathy Diabetics	P
α3	11.5 (9.1-13.3)	10.1 (8.6-12.8)	17.1 (16.1-35.6)	<0.5
α5	36.2 (18.3-46.6)	38.7 (31.6-57.2)	30.3 (13.2-48.4)	
b1	29.9 (24.0-33.4)	24.9 (17.4-30.9)	37.1 (24.2-74.6)	<0.5

While particular embodiments of the invention have been described in detail, it will be apparent to those skilled in the art, that these embodiments are exemplary rather than limiting, and the true scope of the invention is that defined in the following claims.

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SEQUENCE LISTING

(1) GENERAL INFORMATION

- (i) APPLICANT: Regents of the University of Minnesota
- (ii) TITLE OF THE INVENTION: ANALYSIS OF ALPHA INTEGRINS FOR THE DIAGNOSIS OF DIABETIC NEPHROPATHY
- (iii) NUMBER OF SEQUENCES: 16
- (iv) CORRESPONDENCE ADDRESS:
 - (A) ADDRESSEE: Merchant & Gould
 - (B) STREET: 3100 Norwest Center

90 South 7th Street

- (C) CITY: Minneapolis
- (D) STATE: MN
- (E) COUNTRY: US
- (F) ZIP: 55402
- (v) COMPUTER READABLE FORM:
 - (A) MEDIUM TYPE: Diskette
 - (B) COMPUTER: IBM Compatible
 - (C) OPERATING SYSTEM: DOS
 - (D) SOFTWARE: FastSEQ Version 1.5
- (vi) CURRENT APPLICATION DATA:
 - (A) APPLICATION NUMBER: Unknown
 - (B) FILING DATE:
 - (C) CLASSIFICATION:
- (vii) PRIOR APPLICATION DATA:
 - (A) APPLICATION NUMBER:
 - (B) FILING DATE:
- (viii) ATTORNEY/AGENT INFORMATION:
 - (A) NAME: Kettelberger, Denise
 - (B) REGISTRATION NUMBER: 33,924
 - (C) REFERENCE/DOCKET NUMBER: 600.314USWO
 - (ix) TELECOMMUNICATION INFORMATION:
 - (A) TELEPHONE: 612-332-5300
 - (B) TELEFAX: 612-332-9081
 - (C) TELEX:

(2) INFORMATION FOR SEQ ID NO:1:

- (i) SEQUENCE CHARACTERISTICS:
 - (A) LENGTH: 3987 base pairs
 - (B) TYPE: nucleic acid
 - (C) STRANDEDNESS: single
 - (D) TOPOLOGY: linear
- (ii) MOLECULE TYPE: Genomic DNA
- (iii) HYPOTHETICAL: NO
- (iv) ANTISENSE: NO
- (v) FRAGMENT TYPE:
- (vi) ORIGINAL SOURCE:
- (ix) FEATURE:
 - (A) NAME/KEY: CDS
 - (B) LOCATION: 420...3959
 - (A) NAME/KEY: mat_peptide
 - (B) LOCATION: 504
 - (D) OTHER INFORMATION:

(xi) SEQUENCE DESCRIPTION: SEQ ID NO:1:

AGTAT	GGAGA (GAAG(FTCG:	FT T	AAAA	AGGC	A GA	rgtc	CCTT	TAAC	GTT'	rgc :	TTTG	CTGCTG	60
CCCGT	GGACT :	PTAG(CCTAI	AA C	AGGG"	rccc	G CG	AAGT:	rggc	TTT	TTT	GTC (CATG!	rcrcgg	120
ACACA	GCCTG (GTA (GCTG(CC AC	FTGA	GATT.	CA(GGGA(CGGA	GCG	CGCA	AAG (GGGG	GGAAA	180
TGTGG	CAATC (CATC:	rgggi	AT G	rgagi	ACGC	TG(GAGA	GGC	TTAC	GCAG	CAT !	TTGA	CCAAAA	240
CACAG	GAAAT (CACT	CCTC	CA C	AGCT	CCTG	GC(ECAG	CAGC	GGC.	rggg	GCC 2	ACTG	CCGGAC	300
ACCCT	CGGAG I	ACCA	CACG	AG TO	BACC	CAGA	G CGC	CAAG:	rcgc	CAG	CGTC	CCG (GTTC:	rgcctg	360
TTCCT	GCCAG (CTCC:	rgcc	CA CO	BAAC	CGGC	A CG	rage:	rggt	TCC	AGCA	GCC (GCTC	CAGCA	419
ATG G	TC CCC	AGG	CGT	CCT	GCC	AGC	CTA	GAG	GTC	ACT	GTA	GCC	TGC	ATA	467
Met V	al Pro	Arg	Arg	Pro	Ala	Ser	Leu	Glu	Val	Thr	Val	Ala	Cys	Ile	
-28		-25	_				-20					-15	-		
TGG C	TT CTC	ACG	GTC	ATC	CTA	GGC	TTC	TGC	GTC	TCC	TTC	AAT	GTT	GAT	515
Trp L	eu Leu	Thr	Val	Ile	Leu	Gly	Phe	Сув	Val	Ser	Phe	Asn	Val	Asp	
-	-10					-5		•			1		-	•	
GTG A	AA AAC	TCA	ATG	AGT	TTC	AGT	GGC	CCA	GTA	GAG	GAC	ATG	TTT	GGA	563
	ys Asn														
5				10			- •		15					20	
TAC A	CT GTT	CAA	CAA	TAT	GAA	AAC	GAA	GAA	GGC	AAA	TGG	GTT	CTT	ATT	611
	hr Val														
-7			25	-1-				30	1				35		
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	er Pro									_					
GIY D	er Fro	40	VCL	GLY	G.1.1.	110	45	AL G		****	GLY	50	Val	-1-	
		40					40					50			
አአር ሙ	GT CCG	للملاي	cec	አርን	GNG	አርአ	CCN	አጥረ	CCT	ጥርረር	CTC	እአር	تابامل	GAC	707
		_			_		_				_				707
ràs C	ys Pro	vaı	GIA	Arg	GIU	_	ALA	met	510	Cys		rÀa	Leu	Asp	
	55		•			60					65				

		Val	AAC Asn									Ile			AAC	755
			GGA Gly													803
			CCC Pro													851
			TGT Cys 120													899
			GTA Val													947
Leu	A sp 150	Gly	TCC Ser	Asn	Ser	Ile 155	Tyr	Pro	Trp	Glu	Ser 160	Val	Ile	Ala	Phe	995
Leu 165	Asn	Asp	CTT	Leu	Lys 170	Arg	Met	Asp	Ile	Gly 175	Pro	Lys	Gln	Thr	Gln 180	1043
Val	Gly	Ile	GTA Val	Gln 185	Tyr	Gly	Glu	Asn	Val 190	Thr	His	Glu	Phe	Asn 195	Leu	1091
Asn	Lys	Tyr	TCA Ser 200	Ser	Thr	Glu	Glu	Val 205	Leu	Val	Ala	Ala	Asn 210	Lys	Ile	1139
Gly	Arg	Gln 215	GGA Gly	Gly	Leu	Gln	Thr 220	Met	Thr	Ala	Leu	Gly 225	Ile	Asp	Thr	1187
Ala	Arg 230	Lys	GAG Glu	Ala	Phe	Thr 235	Glu	Ala	Arg	Gly	Ala 240	Arg	Arg	Gly	Val	1235
Lys 245	Lys	Val	ATG Met	Val	Ile 250	Val	Thr	Asp	Gly	Glu 255	Ser	His	Asp	Asn	Tyr 260	1283
Arg	Leu	Lys	AGG Gln	Val 265	Ile	Gln	Asp	Сув	Glu 270	Ąsp	Glu	Asn	Ile	Gln 275	Arg	1331
			GCT Ala 280									Asn				1379

_	_			GAG Glu											GAA Glu	1427
			_	AAT Asn												1475
				GAA Glu												1523
				TTT Phe 345												1571
_			_	Asp												1619
Trp	Asn	Gly 375	Thr	GTG Val	Val	Met	Gln 380	Lys	Ala	Asn	Gln	Met 385	Val	Ile	Pro	1667
His	Asn 390	Thr	Thr	TTT Phe	Gln	Thr 395	Glu	Pro	Ala	Lys	Met 400	Asn	Glu	Pro	Leu	1715
Ala 405	Ser	Tyr	Leu	GCT	Tyr 410	Thr	Val	Asn	Ser	Ala 415	Thr	Ile	Pro	Gly	Asp 420	1763
Val	Leu	Tyr	Ile	GCT Ala 425												1811
		TAC													_	
		Tyr	Lys 440	ATG Met	Glu	Asp	Gly	Asn 445	Ile	Asn	Ile	Leu	Gln 450	Thr	Leu	1859
Gly	GGA Gly	Tyr GAG Glu 455	Lys 440 CAG Gln	Met ATT Ile	Glu GGT Gly	Asp TCC Ser	TAC Tyr 460	Asn 445 TTT Phe	Ile GGT Gly	Asn AGT Ser	Ile GTC Val	Leu TTA Leu 465	Gln 450 ACA Thr	Thr ACA Thr	Leu ATT Ile	1907
Gly GAC	GGA Gly ATC	GAG Glu 455 GAC	Lys 440 CAG Gln	Met ATT	Glu GGT Gly TCT	Asp TCC Ser	TAC Tyr 460	Asn 445 TTT Phe	GGT Gly	Asn AGT Ser	Ile GTC Val	TTA Leu 465 GTC	Gln 450 ACA Thr	Thr ACA Thr	Leu ATT Ile	
GAC Asp	GGA Gly ATC Ile 470	GAG Glu 455 GAC Asp	Lys 440 CAG Gln AAA Lys	Met ATT Ile	Glu GGT Gly TCT Ser	TCC Ser TAT Tyr 475	TAC Tyr 460 ACT Thr	Asn 445 TTT Phe GAT Asp	GGT Gly CTG Leu	Asn AGT Ser CTT Leu GGC	GTC Val CTC Leu 480	TTA Leu 465 GTC Val	Gln 450 ACA Thr GGG Gly	Thr ACA Thr GCC Ala	Leu ATT Ile CCC Pro	1907

														Lys	AAA Glu	2099	
							GCC Ala 540								GCT Ala	2147	
							GGA Gly								GCT Ala	2195	
							GGA Gly		•							2243	
							TAT Tyr									2291	. a
Asp	Gly	Lys	Thr 600	Leu	Lys	Phe	TTC Phe	Gly 605	Gln	Ser	Ile	His	Gly 610	Glu	Met	2339	
Asp	Leu	Asn 615	Gly	Asp	Gly	Leu	ACT Thr 620	Asp	Val	Thr	Ile	Gly 625	Gly	Leu	Gly	2387	
Gly	Ala 630	Ala	Leu	Phe	Trp	Ala 635	AGA	Asp	Val	Ala	Val 640	Val	Lys	Val	Thr	2435	
Met 645	Asn	Phe	Glu	Pro	Asn 650	Lys	GTG Val TGC	Asn	Ile	Gln 655	Lys	Lys	Asn	Cys	Arg 660	2483	
Val	Glu	Gly	Lys	Glu 665	Thr	Val	Cys	Ile	Asn 670	Ala	Thr	Met	Сув	Phe 675	His	2531 2579	
Val	Lys	Leu	Lys 680	Ser	Lys	Glu	Asp	Ser 685	Ile	Tyr	Glu	Ala	Asp 690	Leu	.Gln	2627	
Tyr	Arg	Val 695	Thr	Leu	Asp	Ser	Leu 700	Arg	Gln	Ile	Ser	Arg 705	Ser	Phe	Phe		
Ser	Gly 710	Thr	Gln	Glu	Arg	Lys 715	ATT Ile	Gln	Arg	Asn	Ile 720	Thr	Val	Arg	Glu	2675	
							TTC Phe								-	2723	

					Val					Asn					GAA Glu	2771
			GTA Val 760						Pro					Glu	CAC	2819
			Ala					Asn							GAC Asp	2867
			AAT Asn													2915 _.
			GAC Asp													2963
Asp	Ser	Ala	TAC	Asn 825	Thr	Arg	Thr	Val	Val 830	Gln	His	Ser	Pro	Asn 835	Leu	3011
Ile	Phe	Ser	GGA Gly 840	Ile	Glu	Glu	Ile	Gln 845	Lys	Asp	Ser	Cys	Glu 850	Ser	Asn	3059
Gln	Asn	Ile 855	ACT	Сув	Arg	Val	Gly 860	Tyr	Pro	Phe	Leu	Arg 865	Ala	Gly	Glu	3107
Thr	Val 870	Thr	TTC Phe	Lys	Ile	Ile 875	Phe	Gln	Phe	Asn	Thr 880	Ser	His	Leu	Ser	3155
Glu 885	Asn	Ala	ATC	Ile	His 890	Leu	Ser	Ala	Thr	Ser 895	Asp	Ser	Glu	Glu	Pro 900	3203
Leu	Glu	Ser	CTT	Asn 905	Asp	Asn	Glu	Val	Asn 910	Ile	Ser	Ile	Pro	Val 915	Lys	3251
Tyr	Glu	Val	GGA Gly 920	Leu	Gln	Phe	Tyr	Ser 925	Ser	Ala	Ser	Glu ·	His 930	His	Ile	3299
Ser	Val	Ala 935	GCC Ala	Asn	Glu	Thr	Ile 940	Pro	Glu	Phe	Ile	Asn 945	Ser	Thr	Glu	3347
			AAT Asn							Thr						3395

														-		
CAT	TTC	CCA	ATG	CCA	GAA	CTT	CAG	CTG	TCA	ATT	TCA	TTC	CCC	' AAT	TTG	3443
His	Phe	Pro	Met	Pro	Glu	Leu	Gln	Leu	Ser	Ile	Ser	Phe	Pro	Asn	Leu	
965			•		970					975					980	•
5																
															TCA	3491
Thr	Ala	Asp	GIY			Val	Leu	Tyr			Gly	Trp	Ser	Ser	Ser	
				985					990					995		
CAT	አ አጥ	CTC	አአሮ	TV:T	אכיא	COC	000	300	- Centro	~~~	~ 3 ~	~~~				
											GAC Asp					3539
2.Dp	71.	vai	100		Arg	PIO	Arg	100		GIU	Asp	PIO		_	11e	
								100.	.				101	U		
AAC	TCT	GGG	AAG	AAA	ATG	ACA	ATA	TCG	AAG	TCT	GAG	GTT	СТС	מממ	AGA	3587
											Glu					5507
		101		-			102		•			102		-1-	5	
GGC	ACA	ATC	CAG	GAC	TGC	AGT	AGT	ACG	TGT	GGA	GTT	GCC	ACC	ATC	ACG	3635
Gly	Thr	Ile	Gln	Asp	Cys	Ser	Ser	Thr	Cys	Gly	Val	Ala	Thr	Ile	Thr	
	1030)				1035	5				1040)				
											AAT					3683
		Leu	Leu	Pro			Leu	Ser	Gln		Asn	Val	Ser	Leu		
1045	•				1050)				105	5				1060	
CTG	TGG	AAA	CCG	ACT	ттс	АТА	DGD	GCA	СУТ	بلململة	TCC	AGC	עידייי	770	Catati	3731
											Ser					3/31
	-	•		106!			5		1070					107!		
ACT	CTA	AGA	GGA	GAA	CTT	AAG	AGT	GAA	AAT	TCA	TCG	CTG	ACT	TTA	AGT	3779
Thr	Leu	Arg			Leu	Lys	Ser	Glu	Asn	Ser	Ser	Leu	Thr	Leu	Ser	
			1080)				1085	5				1090)		
300	3.00		6 06			~~~							_			
											ATA					3827
Set		1095		гÀг	Arg	GIU	1100		TTE	GIn	Ile		_	Asp	GLY	
		1000	•				1100	•				1105	•			
CTC	CCA	GGC	AGA	GTG	CCG	CTG	TGG	GTT	ATC	CTC	CTG	AGC	GCC	TTC	GCG	3875
											Leu					3073
	1110		_			1115					1120					
											CTG				-	3923
		Leu	Leu	Leu			Leu	Ile	Leu		Leu	Trp	Lys	Ile	Gly	
1125					1130)				1135	•				1140	
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						Lys						TOHA	ricial.	T		3969
		J -	3	1145		_, u	J &	~10	1150		~y S					
				-						-						
CATA	GAAA	AA A	AAAA	LAAA	A A											3987

(2) INFORMATION FOR SEQ ID NO:2:

- (i) SEQUENCE CHARACTERISTICS:
 - (A) LENGTH: 1180 amino acids
 - (B) TYPE: amino acid
 - (C) STRANDEDNESS: single
 - (D) TOPOLOGY: linear
- (ii) MOLECULE TYPE: protein
- (iii) HYPOTHETICAL: NO
- (iv) ANTISENSE: NO
- (v) FRAGMENT TYPE: N-terminal
- (vi) ORIGINAL SOURCE:
- (xi) SEQUENCE DESCRIPTION: SEQ ID NO:2:
- Met Val Pro Arg Pro Ala Ser Leu Glu Val Thr Val Ala Cys Ile
 -28 -25 -20 -15
- Trp Leu Leu Thr Val Ile Leu Gly Phe Cys Val Ser Phe Asn Val Asp
 -10 -5
- Val Lys Asn Ser Met Ser Phe Ser Gly Pro Val Glu Asp Met Phe Gly 5
- Tyr Thr Val Gln Gln Tyr Glu Asn Glu Glu Gly Lys Trp Val Leu Ile 25 30 35
- Gly Ser Pro Leu Val Gly Gln Pro Lys Ala Arg Thr Gly Asp Val Tyr
 40 45 50
- Lys Cys Pro Val Gly Arg Glu Arg Ala Met Pro Cys Val Lys Leu Asp
 55 60 65
- Glu Pro Val Asn Thr Ser Ile Pro Asn Val Thr Glu Ile Lys Glu Asn 70 75 80
- Met Thr Phe Gly Ser Thr Leu Val Thr Asn Pro Asn Gly Gly Phe Leu 85 90 95 100
- Ala Cys Gly Pro Leu Tyr Ala Tyr Arg Cys Gly His Leu His Tyr Thr 105 110 115
- Thr Gly Ile Cys Ser Asp Val Ser Pro Thr Phe Gln Val Val Asn Ser 120 125 130
- Phe Ala Pro Val Glu Cys Ser Thr Glu Leu Asp Ile Val Ile Val 135 140 145
- Leu Asp Gly Ser Asn Ser Ile Tyr Pro Trp Glu Ser Val Ile Ala Phe 150 155 160
- Leu Asn Asp Leu Leu Lys Arg Met Asp Ile Gly Pro Lys Gln Thr Gln 165 170 175 180
- Val Gly Ile Val Gln Tyr Gly Glu Asn Val Thr His Glu Phe Asn Leu 185 190 195

Asn Lys Tyr Ser Ser Thr Glu Glu Val Leu Val Ala Ala Asn Lys Ile
200 205 210

Gly Arg Gln Gly Gly Leu Gln Thr Met Thr Ala Leu Gly Ile Asp Thr 215 220 225

Ala Arg Lys Glu Ala Phe Thr Glu Ala Arg Gly Ala Arg Arg Gly Val 230 240

Lys Lys Val Met Val Ile Val Thr Asp Gly Glu Ser His Asp Asn Tyr 245 250 255 260

Arg Leu Lys Gln Val Ile Gln Asp Cys Glu Asp Glu Asn Ile Gln Arg 265 270 275

Phe Ser Ile Ala Ile Leu Gly His Tyr Asn Arg Gly Asn Leu Ser Thr 280 285 290

Glu Lys Phe Val Glu Glu Ile Lys Ser Ile Ala Ser Glu Pro Thr Glu 295 300 305

Lys His Phe Phe Asn Val Ser Asp Glu Leu Ala Leu Val Thr Ile Val 310 320

Lys Ala Leu Gly Glu Arg Ile Phe Ala Leu Glu Ala Thr Ala Asp Gln 325 330 335

Ser Ala Ala Ser Phe Glu Met Glu Met Ser Gln Thr Gly Phe Ser Ala 345 350 355

His Tyr Ser Gln Asp Trp Val Met Leu Gly Ala Val Gly Ala Tyr Asp 360 365 370

Trp Asn Gly Thr Val Val Met Gln Lys Ala Asn Gln Met Val Ile Pro 375 380 385

His Asn Thr Thr Phe Gln Thr Glu Pro Ala Lys Met Asn Glu Pro Leu 390 400

Ala Ser Tyr Leu Gly Tyr Thr Val Asn Ser Ala Thr Ile Pro Gly Asp 405 410 415 420

Val Leu Tyr Ile Ala Gly Gln Pro Arg Tyr Asn His Thr Gly Gln Val 425 430 435

Val Ile Tyr Lys Met Glu Asp Gly Asn Ile Asn Ile Leu Gln Thr Leu 440 445 450

Gly Glu Gln Ile Gly Ser Tyr Phe Gly Ser Val Leu Thr Thr Ile 455 460 465

Asp Ile Asp Lys Asp Ser Tyr Thr Asp Leu Leu Val Gly Ala Pro
470 475 480

Met Tyr Met Gly Thr Glu Lys Glu Glu Glu Gly Lys Val Tyr Val Tyr 485 490 495 500

Ala Val Asn Gln Thr Arg Phe Glu Tyr Gln Met Ser Leu Glu Pro Ile
505 510 515

Arg Gln Thr Cys Cys Ser Ser Leu Lys Asp Asn Ser Cys Thr Lys Glu 520 525 530

Asn Lys Asn Glu Pro Cys Gly Ala Arg Phe Gly Thr Ala Ile Ala Ala 535 540 545

Val Lys Asp Leu Asn Val Asp Gly Phe Asn Asp Val Val Ile Gly Ala 550 560

Pro Leu Glu Asp Asp His Ala Gly Ala Val Tyr Ile Tyr His Gly Ser 575 580

Gly Lys Thr Ile Arg Glu Ala Tyr Ala Gln Arg Ile Pro Ser Gly Gly
585 590 595

Asp Gly Lys Thr Leu Lys Phe Phe Gly Gln Ser Ile His Gly Glu Met 600 605

Asp Leu Asn Gly Asp Gly Leu Thr Asp Val Thr Ile Gly Gly Leu Gly 615 620 625

Gly Ala Ala Leu Phe Trp Ala Arg Asp Val Ala Val Val Lys Val Thr 630 635 640

Met Asn Phe Glu Pro Asn Lys Val Asn Ile Gln Lys Lys Asn Cys Arg 645 650 655 660

Val Glu Gly Lys Glu Thr Val Cys Ile Asn Ala Thr Met Cys Phe His
665 670 675

Val Lys Leu Lys Ser Lys Glu Asp Ser Ile Tyr Glu Ala Asp Leu Gln 680 685 690

Tyr Arg Val Thr Leu Asp Ser Leu Arg Gln Ile Ser Arg Ser Phe Phe 695 700 705

Ser Gly Thr Gln Glu Arg Lys Ile Gln Arg Asn Ile Thr Val Arg Glu
710 715 720

Ser Glu Cys Ile Arg His Ser Phe Tyr Met Leu Asp Lys His Asp Phe 725 730 735 740

Gln Asp Ser Val Arg Val Thr Leu Asp Phe Asn Leu Thr Asp Pro Glu
745 750 755

Asn Gly Pro Val Leu Asp Asp Ala Leu Pro Asn Ser Val His Glu His 760 765 770

Ile Pro Phe Ala Lys Asp Cys Gly Asn Lys Glu Arg Cys Ile Ser Asp
775 780 785

Leu Thr Leu Asn Val Ser Thr Thr Glu Lys Ser Leu Leu Ile Val Lys
790 795 800

Ser Gln His Asp Lys Phe Asn Val Ser Leu Thr Val Lys Asn Lys Gly 805 810 815 820

- Asp Ser Ala Tyr Asn Thr Arg Thr Val Val Gln His Ser Pro Asn Leu 825 830 835
- Ile Phe Ser Gly Ile Glu Glu Ile Gln Lys Asp Ser Cys Glu Ser Asn 840 845 850
- Gln Asn Ile Thr Cys Arg Val Gly Tyr Pro Phe Leu Arg Ala Gly Glu 855 860 865
- Thr Val Thr Phe Lys Ile Ile Phe Gln Phe Asn Thr Ser His Leu Ser 870 880
- Glu Asn Ala Ile Ile His Leu Ser Ala Thr Ser Asp Ser Glu Glu Pro 885 890 895 900
- Leu Glu Ser Leu Asn Asp Asn Glu Val Asn Ile Ser Ile Pro Val Lys
 905 910 915
- Tyr Glu Val Gly Leu Gln Phe Tyr Ser Ser Ala Ser Glu His His Ile 920 925 930
- Ser Val Ala Ala Asn Glu Thr Ile Pro Glu Phe Ile Asn Ser Thr Glu 935 940 945
- Asp Ile Gly Asn Glu Ile Asn Val Phe Tyr Thr Ile Arg Lys Arg Gly 950 955 960
- His Phe Pro Met Pro Glu Leu Gln Leu Ser Ile Ser Phe Pro Asn Leu 965 970 975 980
- Thr Ala Asp Gly Tyr Pro Val Leu Tyr Pro Ile Gly Trp Ser Ser Ser 985
- Asp Asn Val Asn Cys Arg Pro Arg Ser Leu Glu Asp Pro Phe Gly Ile 1000 1005 1010
- Asn Ser Gly Lys Lys Met Thr Île Ser Lys Ser Glu Val Leu Lys Arg 1015 1020 1025
- Gly Thr Ile Gln Asp Cys Ser Ser Thr Cys Gly Val Ala Thr Ile Thr 1030 1035 1040
- Cys Ser Leu Leu Pro Ser Asp Leu Ser Gln Val Asn Val Ser Leu Leu 1045 1050 1055 1060
- Leu Trp Lys Pro Thr Phe Ile Arg Ala His Phe Ser Ser Leu Asn Leu 1065 1070 1075
- Thr Leu Arg Gly Glu Leu Lys Ser Glu Asn Ser Ser Leu Thr Leu Ser 1080 1085 1090
- Ser Ser Asn Arg Lys Arg Glu Leu Ala Ile Gln Ile Ser Lys Asp Gly
 1095 1100 1105

50

Leu Pro Gly Arg Val Pro Leu Trp Val Ile Leu Leu Ser Ala Phe Ala 1110 1115 1120

Gly Leu Leu Leu Met Leu Leu Ile Leu Ala Leu Trp Lys Ile Gly
1125 1130 1135 1140

Phe Phe Lys Arg Pro Leu Lys Lys Met Glu Lys 1145 1150

(2) INFORMATION FOR SEQ ID NO:3:

- (i) SEQUENCE CHARACTERISTICS:
 - (A) LENGTH: 5373 base pairs
 - (B) TYPE: nucleic acid
 - (C) STRANDEDNESS: single
 - (D) TOPOLOGY: linear
- (ii) MOLECULE TYPE: cDNA
- (iii) HYPOTHETICAL: NO
- (iv) ANTISENSE: NO
- (v) FRAGMENT TYPE:
- (vi) ORIGINAL SOURCE:
- (ix) FEATURE:
 - (A) NAME/KEY: Coding Sequence
 - (B) LOCATION: 49...3591
 - (D) OTHER INFORMATION:
 - (A) NAME/KEY: mat_peptide
 - (B) LOCATION: 136
 - (D) OTHER INFORMATION:

(xi) SEQUENCE DESCRIPTION: SEQ ID NO:3:

GAATTCCTGC AAACCCAGCG CAACTACGGT CCCCCGGTCA GACCCAGG ATG GGG CCA 57

Met Gly Pro
-29

GAA CGG ACA GGG GCC GCG CCG CTG CCG CTG CTG CTG GTG TTA GCG CTC

Glu Arg Thr Gly Ala Ala Pro Leu Pro Leu Leu Leu Val Leu Ala Leu

-25

-20
-15

AGT CAA GGC ATT TTA AAT TGT TGT TTG GCC TAC AAT GTT GGT CTC CCA

Ser Gln Gly Ile Leu Asn Cys Cys Leu Ala Tyr Asn Val Gly Leu Pro

-10

-5

1
53

GAA GCA AAA ATA TTT TCC GGT CCT TCA AGT GAA CAG TTT GGG TAT GCA
Glu Ala Lys Ile Phe Ser Gly Pro Ser Ser Glu Gln Phe Gly Tyr Ala
10 15 20

GTG CAG CAG TTT ATA AAT CCA AAA GGC AAC TGG TTA CTG GTT GGT TCA 249
Val Gln Gln Phe Ile Asn Pro Lys Gly Asn Trp Leu Leu Val Gly Ser
25 30 35

		Ser													TGT Cys	297
						GCC Ala									ACT Thr 70	345
						GTT Val										393
						AAC Asn										441
						CAA Gln										489
Val	Сув 120	Ser	Asp	Ile	Ser	CCT Pro 125	Asp	Phe	Gln	Leu	Ser 130	Ala	Ser	Phe	Ser	537
						CCT Pro										585
						TAT Tyr										633
						CTT Leu						Lys				681
Gly	Leu	Ile 185	Gln	Tyr	Ala	AAT Asn	Asn 190	Pro	Arg	Val	Val	Phe 195	Asn	Leu	Asn	729
Thr	Tyr 200	Lys	Thr	Lys	Glu	GAA Glu 205	Met	Ile	Val	Ala	Thr 210	Ser	Gln	Thr	Ser	7 77
						ACA Thr										825
						GCA Ala										873
						ACT Thr										921

			Val					Asn					Leu		TTT Phe	969
								AAC Asn							AAA Lys	1017
								ATC Ile			Ile				AGA Arg 310	1065
								GCA Ala								1113
								ATT Ile 335								1161
								CAA Gln								1209
Ser	Ser 360	Gln	Asn	Asp	Ile	Leu 365	Met	CTG Leu	Gly	Ala	Val 370	Gly	Ala	Phe	Gly	1257
Trp 375	Ser	Gly	Thr	Ile	Val 380	Gln	Lys	ACA Thr	Ser	His 385	Gly	His	Leu	Ile	Phe 390	1305
Pro	Lys	Gln	Ala	Phe 395	Asp	Gln	Ile	CTG Leu	Gln 400	Asp	Arg	Asn	His	Ser 405	Ser	1353
Tyr	Leu	Gly	Tyr 410	Ser	Val	Ala	Ala	ATT Ile 415	Ser	Thr	Gly	Glu	Ser 420	Thr	His	1401
Phe	Val	Ala 425	Gly	Ala	Pro	Arg	Ala 430	AAT	Tyr	Thr	Gly	Gln 435	Ile	Val	Leu	1449
Tyr	Ser 440	Val	Asn	Glu	Asn	Gly 445	Asn	ATC	Thr	Val	Ile 450	Gln	Ala	His	Arg	1497
Gly 455	Asp	Gln	Ile	Gly	Ser 460	Tyr	Phe	GGT Gly	Ser	Val 465	Leu	Cys	Ser	Val	Asp 470	1545
								GTG Val								1593

TAC	ATG Met	AGT Ser	GAC Asp 490	Leu	AAG Lys	AAA Lys	GAG Glu	GAA Glu 495	Gly	AGA Arg	GTC Val	TAC Tyr	CTG Leu 500	Phe	ACT Thr	1641
ATC Ile	AAA Lys	AAG Lys 505	Gly	ATT	TTG Leu	GGT Gly	CAG Gln 510	His	CAA Gln	TTT Phe	CTT Leu	GAA Glu 515	Gly	Pro	GAG Glu	1689
GGC Gly	ATT Ile 520	GAA Gļu	AAC Asn	ACT Thr	CGA Arg	TTT Phe 525	GGT Gly	TCA Ser	GCA Ala	ATT	GCA Ala 530	Ala	CTT Leu	TCA Ser	GAC Asp	1737
ATC Ile 535	AAC Asn	ATG Met	GAT Asp	GGC Gly	TTT Phe 540	AAT Asn	GAT Asp	GTG Val	ATT	GTT Val 545	Gly	TCA Ser	CCA Pro	CTA Leu	GAA Glu 550	1785
			TCT Ser												ACT Thr	1833
ATC Ile	CGC Arg	ACA Thr	AAG Lys 570	TAT Tyr	TCC Ser	CAG Gln	AAA Lys	ATC Ile 576	TTG Leu	GGA Gly	TCC Ser	GAT Asp	GGA Gly 580	GCC Ala	TTT Phe	1881
			CTC Leu													1929
			GAT Asp													1977
Val 615	Val	Gln	CTC Leu	Trp	Ser 620	Gln	Ser	Ile	Ala	Asp 625	Val	Ala	Ile	Glu	Ala 630	2025
Ser	Phe	Thr	CCA Pro	Glu 635	Lys	Ile	Thr	Leu	Val 640	Asn	Lys	Asn	Ala	Gln 645	Ile	2073
Ile	Leu	Lys	CTC Leu 650	Cys	Phe	Ser	Ala	Lys 655	Phe	Arg	Pro	Thr	Lys 660	Gln	Asn	2121
AAT	Gln	Val 665	Ala	Ile	Val	Tyr	Asn 670	Ile	Thr	Leu	Asp	Ala 675	Asp	Gly	Phe	2169
TCA	Ser 680	Arg	Val	Thr	Ser	Arg 685	Gly	Leu	Phe	Lys	Glu 690	Asn	Asn	Glu	Arg	2217
TGC Cys 695									Gln							2265

										Val					GAT Asp	2313
				Ile					Pro					Ala	CTT Leu	2361
			Ser					Val					Phe		AAA Lys	2409
								ATT Ile								2457
								CAA Gln								2505
Asn	Lys	Arg	Leu	Thr 795	Phe	Ser	Val	ACA Thr	Leu 800	Lys	Asn	Lys	Arg	Glu 805	Ser	2553
Ala	Tyr	Asn	Thr 810	Gly	Ile	Val	Val	GAT Asp 815	Phe	Ser	Glu	Asn	Leu 820	Phe	Phe	2601
Ala	Ser	Phe 825	Ser	Leu	Pro	Val	Asp 830	GGG	Thr	Glu	Val	Thr 835	Cys	Gln	Val	2649
Ala	Ala 840	Ser	Gln	Lys	Ser	Val 845	Ala	TGC	Asp	Val	Gly 850	Tyr	Pro	Ala	Leu	2697
Lys 855	Arg	Glu	Gln	Gln	Val 860	Thr	Phe	ACT	Ile	Asn 865	Phe	Asp	Phe	Asn	Leu 870	2745
Gln	Asn	Leu	Gln	Asn 875	Gln	Ala	Ser	CTC	Ser 880	Phe	Gln	Ala	Leu	Ser 885	Glu	2793
Ser	Gln	Glu	Glu 890	Asn	Lys	Ala	Asp	AAT Asn 895	Leu	Val	Asn	Leu	Lys 900	Ile	Pro	2841
Leu	Leu	Tyr 905	Asp	Ala	Glu	Ile	His 910	TTA Leu	Thr	Arg	Ser	Thr 915	Asn	Ile	Asn	2889
								AAT Asn								2937

Phe Glu Asp 935		Lys Phe Ile	TTC TCC CTG Phe Ser Leu 945	Lys Val Thr	
			GTA ATC ATC Val Ile Ile : 960		- ·
			TAC CTA ACT		
			GCA GAT ATC Ala Asp Ile		
	_	_	TTC AAA AGT (Phe Lys Ser (1010		- -
His Thr Lys 1015	Glu Leu Asn 102	Cys Arg Thr O	GCT TCC TGT A Ala Ser Cys 8 1025	Ser Asn Val 1	Thr 1030
			GGA GAA TAC SGly Glu Tyr S		
_	_		GCA TCA TCA : Ala Ser Ser !		
_	Thr Ala Ala	_	AAC ACC TAT A	<u>-</u>	
Val Gln Leu 106: TAT GTG ATT	Thr Ala Ala 5 GAA GAT AAC	Ala Glu Ile 1070 ACT GTT ACG	Asn Thr Tyr	Asn Pro Glu I 1075 ATG ATA ATG A	lle AAA 3417
Val Gln Leu 1063 TAT GTG ATT Tyr Val Ile 1080 CCT GAT GAG	Thr Ala Ala GAA GAT AAC Glu Asp Asn AAA GCC GAA	Ala Glu Ile 1070 ACT GTT ACG Thr Val Thr 1085 GTA CCA ACA Val Pro Thr	Asn Thr Tyr 2	Asn Pro Glu I 1075 ATG ATA ATG A Met Ile Met I ATA GGA AGT A Ile Gly Ser I	AAA 3417 Lys ATA 3465
Val Gln Leu 106: TAT GTG ATT Tyr Val Ile 1080 CCT GAT GAG Pro Asp Glu 1095 ATT GCT GGA	Thr Ala Ala GAA GAT AAC Glu Asp Asn AAA GCC GAA Lys Ala Glu 110 ATC CTT TTG	Ala Glu Ile 1070 ACT GTT ACG Thr Val Thr 1085 GTA CCA ACA Val Pro Thr 0 CTG TTA GCT	Asn Thr Tyr 2 ATT CCC CTG 2 Ile Pro Leu 1 1090 GGA GTT ATA 2 Gly Val Ile 2	Asn Pro Glu I 1075 ATG ATA ATG A Met Ile Met I ATA GGA AGT A Ile Gly Ser I	AAA 3417 Lys ATA 3465 Lle L110 AAG 3513
Val Gln Leu 106: TAT GTG ATT Tyr Val Ile 1080 CCT GAT GAG Pro Asp Glu 1095 ATT GCT GGA Ile Ala Gly CTC GGC TTC	Thr Ala Ala GAA GAT AAC Glu Asp Asn AAA GCC GAA Lys Ala Glu 110 ATC CTT TTG Ile Leu Leu 1115	Ala Glu Ile 1070 ACT GTT ACG Thr Val Thr 1085 GTA CCA ACA Val Pro Thr 0 CTG TTA GCT Leu Leu Ala AAA TAT GAA	ASN Thr Tyr ATT CCC CTG ATT CCC CTG ATT ATA ATT ATA ATT ATT ATT ATT ATT A	Asn Pro Glu I 1075 ATG ATA ATG A Met Ile Met I ATA GGA AGT A Ile Gly Ser I ATT TTA TGG A Ile Leu Trp I 1125	AAA 3417 Lys ATA 3465 Lle L110 AAG 3513 Lys

		•				
GGGAACCGGC	AGCATCCCAG	CCAGGGTTTG	CTGTTTGCGT	GCATGGATTT	CTTTTTAAAT	3675
CCCATATTTI	TTTTATCATG	TCGTAGGTAA	ACTAACCTGG	TATTTTAAGA	GAAAACTGCA	3735
GGTCAGTTTG	GATGAAGAAA	TTGTGGGGGG	TGGGGGAGGT		GGTAGGGAAA	3795
TAATAGGGAA	AATACCTATT	TTATATGATG	GGGGAAAAA	AGTAATCTTT		3855
GCCCAGAGTT	TACATTCTAA	TTTGCATTGT	GTCAGAAACA	TGAAATGCTT	CCAAGCATGA	3915
CAACTTTTAA	AGAAAAATAT	GATACTCTCA	GATTTTAAGG	GGGAAAACTG	TTCTCTTTAA	3975
AATATTTGTC		AACTACAGAA				4035
CTTGTGTATA				GAAAACAAAA		4095
TTCAATTTAT	GCTGCTCATC	CAAAGTTGCC				4155
TTATAAACTA				CACGGCTGCC		4215
CCCATCTTGC	TCTAATGATC	AAAACATGCT	TGAATAACTG	AGCTTAGAGT	ATACCTCCTA	4275
	TAAGTTAGGA					4335
AAACTCAGAA	TATAACATTT	ATGTAAAATC	CCATCTGCTA	GAAGCCCATC	CTGTGCCAGA	4395
GGAAGGAAAA	GGAGGAAATT	TCCTTTCTCT	TTTAGGAGGC	ACAACAGTTC	TCTTCTAGGA	4455
TTTGTTTGGC	TGACTGGCAG	TAACCTAGTG	AATTTTTGAA	AGATGAGTAA	TTTCTTTGGC	4515
AACCTTCCTC	CTCCCTTACT	GAACCACTCT	CCCACCTCCT	GGTGGTACCA	TTATTATAGA	4575
AGCCCTCTAC	AGCCTGACTT	TCTCTCCAGC	GGTCCAAAGT	TATCCCCTCC	TTTACCCCTC	4635
ATCCAAAGTT	CCCACTCCTT	CAGGACAGCT	GCTGTGCATT	AGATATTAGG	GGGGAAAGTC	4695
ATCTGTTTAA	TTTACACACT	TGCATGAATT	ACTGTATATA	AACTCCTTAA	CTTCAGGGAG	4755
CTATTTTCAT						4815
	GGGATGTAAA					4875
	CACTGGAAAC					4935
	ACTITITCTT					4995
	AGATGATTTG					5055
	CACTAGGATG					5115
	TATTTTCTCT					5175
	ACACTACATA					5235
	ATAAAATGGG					5295
	GATCTGATCT	GGACTTCCTA	TAATACAAAT	ACACAATCCT	CCAAGAATTT	5355
GACTTGGAAA	AGGAATTC		•			5373

(2) INFORMATION FOR SEQ ID NO:4:

- (i) SEQUENCE CHARACTERISTICS:
 - (A) LENGTH: 1181 amino acids
 - (B) TYPE: amino acid
 - (C) STRANDEDNESS: single
 - (D) TOPOLOGY: linear
- (ii) MOLECULE TYPE: protein
- (iii) HYPOTHETICAL: NO
- (iv) ANTISENSE: NO
- (v) FRAGMENT TYPE: internal
- (vi) ORIGINAL SOURCE:
- (xi) SEQUENCE DESCRIPTION: SEQ ID NO:4:

Met Gly Pro Glu Arg Thr Gly Ala Ala Pro Leu Pro Leu Leu Leu Val -29 -25 -20 -15

Leu Ala Leu Ser Gln Gly Ile Leu Asn Cys Cys Leu Ala Tyr Asn Val -10 -5 1

Gly Leu Pro Glu Ala Lys Ile Phe Ser Gly Pro Ser Ser Glu Gln Phe
5 10 15

Gly 20	Tyr	Ala	Val	Gln	Gln 25	Phe	Ile	Asn	Pro	Lys 30	Gly	Asn	Trp	Leu	Le :
Val	Gly	Ser	Pro	Trp 40	Ser	Gly	Phe	Pro	Glu 45	Asn	Arg	Met	Gly	Asp 50	Val
Tyr	Lys	Сув	Pro 55	Val	Asp	Leu	Ser	Thr 60	Ala	Thr	Cys	Glu	Lys 65	Leu	Ası
Leu	Gln	Thr 70	Ser	Thr	Ser	Ile	Pro 75	Asn	Val	Thr	Glu	Met 80	Lys	Thr	Ası
Met	Ser 85	Leu	Gly	Leu	Ile	Leu 90	Thr	Arg	Asn	Met	Gly 95	Thr	Gly	Gly	Phe
Leu 100	Thr	Cys	Gly	Pro	Leu 105	Trp	Ala	Gln	Gln	Cys 110	Gly	Asn	Gln	Tyr	Ту: 115
Thr	Thr	Gly	Val	Cys 120	Ser	Asp	Ile	Ser	Pro 125	Asp	Phe	Gln	Leu	Ser 130	Ala
Ser	Phe	Ser	Pro 135	Ala	Thr	Gln	Pro	Cys 140	Pro	Ser	Leu	Ile	Asp 145	Val	Val
Val	Val	Cys 150	Asp	Glu	Ser	Asn	Ser 155	Ile	Tyr	Pro	Trp	Asp 160	Ala	Val	Lys
Asn	Phe 165	Leu	Glu	Lys	Phe	V al 170	Gln	Gly	Leu	Asp	Ile 175	Gly	Pro	Thr	Lys
Thr 180	Gln	Val	Gly	Leu	Ile 185	Gln	Tyr	Ala	Asn	Asn 190	Pro	Arg	Val	Val	Phe 195
Asn	Leu	Asn	Thr	Tyr 200	Lys	Thr	Lys	Glu	Glu 205	Met	Ile	Val	Ala	Thr 210	Ser
Gln	Thr	Ser	Gln 215	Tyr	Gly	Gly	Asp	Leu 220	Thr	Asn	Thr	Phe	Gly 225	Ala	Ile
Gln	Tyr	Ala 230	Arg	Lys	Tyr ,	Ala	Tyr 235	Ser	Ala	Ala	Ser	Gly 240	Gly	Arg	Arg
Ser	Ala 245	Thr	Lys	Val	Met	Val 250	Val	Val	Thr	Asp	Gly 255	Glu	Ser	His	Asp
Gly 260	Ser	Met	Leu	Lys	Ala 265	Val	Ile	A ap	Gln	Cys 270	Asn	His	ĄaĄ	Asn	Ile 275
Leu	Arg	Phe	Gly	Ile 280	Ala	Val	Leu	Gly	Tyr 285	Leu	Asn	Arg	Asn	Ala 290	Leu
Asp	Thr	Lys	Asn 295	Leu	Ile	Lys	Glu	Ile 300	Lys	Ala	Ile	Ala	Ser 305	Ile	Pro
Thr	Glu	Arg 310	Tyr	Phe	Phe	Asn	Val 315	Ser	Asp	Glu	Ala	Ala 320	Leu	Leu	Glu

Lys Ala Gly Thr Leu Gly Glu Gln Ile Phe Ser Ile Glu Gly Thr Val 325 330 335

Gln Gly Gly Asp Asn Phe Gln Met Glu Met Ser Gln Val Gly Phe Ser 340 355

Ala Asp Tyr Ser Ser Gln Asn Asp Ile Leu Met Leu Gly Ala Val Gly
360 365 370

Ala Phe Gly Trp Ser Gly Thr Ile Val Gln Lys Thr Ser His Gly His 375 380 385

Leu Ile Phe Pro Lys Gln Ala Phe Asp Gln Ile Leu Gln Asp Arg Asn 390 395 400

His Ser Ser Tyr Leu Gly Tyr Ser Val Ala Ala Ile Ser Thr Gly Glu 405 410 415

Ser Thr His Phe Val Ala Gly Ala Pro Arg Ala Asn Tyr Thr Gly Gln
420 435

Ile Val Leu Tyr Ser Val Asn Glu Asn Gly Asn Ile Thr Val Ile Gln
440 445 450

Ala His Arg Gly Asp Gln Ile Gly Ser Tyr Phe Gly Ser Val Leu Cys 455 460 465

Ser Val Asp Val Asp Lys Asp Thr Ile Thr Asp Val Leu Leu Val Gly
470 475 480

Ala Pro Met Tyr Met Ser Asp Leu Lys Lys Glu Glu Gly Arg Val Tyr 485 490 495

Leu Phe Thr Ile Lys Lys Gly Ile Leu Gly Gln His Gln Phe Leu Glu
500 515

Gly Pro Glu Gly Ile Glu Asn Thr Arg Phe Gly Ser Ala Ile Ala Ala 520 525 530

Leu Ser Asp Ile Asn Met Asp Gly Phe Asn Asp Val Ile Val Gly Ser 535 540 545

Pro Leu Glu Asn Gln Asn Ser Gly Ala Val Tyr Ile Tyr Asn Gly His 550 555 560

Gln Gly Thr Ile Arg Thr Lys Tyr Ser Gln Lys Ile Leu Gly Ser Asp 565 570 575

Gly Ala Phe Arg Ser His Leu Gln Tyr Phe Gly Arg Ser Leu Asp Gly 580 595

Tyr Gly Asp Leu Asn Gly Asp Ser Ile Thr Asp Val Ser Ile Gly Ala 600 605 610

Phe Gly Gln Val Val Gln Leu Trp Ser Gln Ser Ile Ala Asp Val Ala 615 620 625

Ile Glu Ala Ser Phe Thr Pro Glu Lys Ile Thr Leu Val Asn Lys Asn 630 635 640

Ala Gln Ile Ile Leu Lys Leu Cys Phe Ser Ala Lys Phe Arg Pro Thr 645 650 655

Lys Gln Asn Asn Gln Val Ala Ile Val Tyr Asn Ile Thr Leu Asp Ala 660 675

Asp Gly Phe Ser Ser Arg Val Thr Ser Arg Gly Leu Phe Lys Glu Asn 680 685 690

Asn Glu Arg Cys Leu Gln Lys Asn Met Val Val Asn Gln Ala Gln Ser 695 700 705

Cys Pro Glu His Ile Ile Tyr Ile Gln Glu Pro Ser Asp Val Val Asn 710 715 720

Ser Leu Asp Leu Arg Val Asp Ile Ser Leu Glu Asn Pro Gly Thr Ser 725 730 735

Pro Ala Leu Glu Ala Tyr Ser Glu Thr Ala Lys Val Phe Ser Ile Pro 740 755

Phe His Lys Asp Cys Gly Glu Asp Gly Leu Cys Ile Ser Asp Leu Val 760 765 770

Leu Asp Val Arg Gln Ile Pro Ala Ala Gln Glu Gln Pro Phe Ile Val 775 780 785

Ser Asn Gln Asn Lys Arg Leu Thr Phe Ser Val Thr Leu Lys Asn Lys 790 795 800

Arg Glu Ser Ala Tyr Asn Thr Gly Ile Val Val Asp Phe Ser Glu Asn 805 810 815

Leu Phe Phe Ala Ser Phe Ser Leu Pro Val Asp Gly Thr Glu Val Thr 820 835

Cys Gln Val Ala Ser Gln Lys Ser Val Ala Cys Asp Val Gly Tyr 840 845 850

Pro Ala Leu Lys Arg Glu Gln Gln Val Thr Phe Thr Ile Asn Phe Asp 855 860 865

Phe Asn Leu Gln Asn Leu Gln Asn Gln Ala Ser Leu Ser Phe Gln Ala 870 875 880

Leu Ser Glu Ser Gln Glu Glu Asn Lys Ala Asp Asn Leu Val Asn Leu 885 890 895

Lys Ile Pro Leu Leu Tyr Asp Ala Glu Ile His Leu Thr Arg Ser Thr 900 905 910 915

Asn Ile Asn Phe Tyr Glu Ile Ser Ser Asp Gly Asn Val Pro Ser Ile 920 925 930

- Val His Ser Phe Glu Asp Val Gly Pro Lys Phe Ile Phe Ser Leu Lys 935 940 945
- Val Thr Thr Gly Ser Val Pro Val Ser Met Ala Thr Val Ile Ile His 950 955 960
- Ile Pro Gln Tyr Thr Lys Glu Lys Asn Pro Leu Met Tyr Leu Thr Gly 965 970 975
- Val Gln Thr Asp Lys Ala Gly Asp Ile Ser Cys Asn Ala Asp Ile Asn 980 985 990 995
- Pro Leu Lys Ile Gly Gln Thr Ser Ser Ser Val Ser Phe Lys Ser Glu 1000 1005 1010
- Asn Phe Arg His Thr Lys Glu Leu Asn Cys Arg Thr Ala Ser Cys Ser 1015 1020 1025
- Asn Val Thr Cys Trp Leu Lys Asp Val His Met Lys Gly Glu Tyr Phe 1030 1035 1040
- Val Asn Val Thr Thr Arg Ile Trp Asn Gly Thr Phe Ala Ser Ser Thr 1045 1050 1055
- Phe Gln Thr Val Gln Leu Thr Ala Ala Ala Glu Ile Asn Thr Tyr Asn 1060 1065 1070 1075
- Pro Glu Ile Tyr Val Ile Glu Asp Asn Thr Val Thr Ile Pro Leu Met 1080 1085 1090
- Ile Met Lys Pro Asp Glu Lys Ala Glu Val Pro Thr Gly Val Ile Ile 1095 1100 1105
- Gly Ser Ile Ile Ala Gly Ile Leu Leu Leu Leu Ala Leu Val Ala Ile 1110 1115 1120
- Leu Trp Lys Leu Gly Phe Phe Lys Arg Lys Tyr Glu Lys Met Thr Lys 1125 1130 1135
- Asn Pro Asp Glu Ile Asp Glu Thr Thr Glu Leu Ser Ser 1140 1150

61

(2) INFO	RMATION FOR SEQ ID NO:5:	
(:	i) SEQUENCE CHARACTERISTICS:	
•	(A) LENGTH: 20 base pairs	
	(B) TYPE: nucleic acid	
	(C) STRANDEDNESS: single	
	(D) TOPOLOGY: linear	
	· ·	
(:	ii) MOLECULE TYPE: cDNA	
	iii) HYPOTHETICAL: NO	
(:	iv) ANTISENSE: NO	
(-	v) FRAGMENT TYPE:	
(1	vi) ORIGINAL SOURCE:	
(2	xi) SEQUENCE DESCRIPTION: SEQ ID NO:5:	
•		
CCAGAGTC	AC TCTCACAGAG	20
		20
(2) INFO	RMATION FOR SEQ ID NO:6:	
,_,		
()	i) SEQUENCE CHARACTERISTICS:	
·	(A) LENGTH: 19 base pairs	
	(B) TYPE: nucleic acid	
	(C) STRANDEDNESS: single	
	(D) TOPOLOGY: linear	
()	ii) MOLECULE TYPE: cDNA	
£)	iii) HYPOTHETICAL: NO	
: }	iv) ANTISENSE: NO	
7)	v) FRAGMENT TYPE:	
7)	vi) ORIGINAL SOURCE:	
()	xi) SEQUENCE DESCRIPTION: SEQ ID NO:6:	
CACAGCGTA	AC ACGTACACC	19
(2) INFOR	RMATION FOR SEQ ID NO:7:	
(2) 211101	EMITON FOR DEG ID NO: /:	
(j	i) SEQUENCE CHARACTERISTICS:	
•-	(A) LENGTH: 19 base pairs	
	(B) TYPE: nucleic acid	
	(C) STRANDEDNESS: single	
	(D) TOPOLOGY: linear	
()	ii) MOLECULE TYPE: cDNA	
i)	iii) HYPOTHETICAL: NO	
i)	iv) ANTISENSE: NO	
(7	v) FRAGMENT TYPE:	
7)	vi) ORIGINAL SOURCE:	
()	xi) SEQUENCE DESCRIPTION: SEQ ID NO:7:	

19

CACTTATAGA CATCTCCAG

62	
(2) INFORMATION FOR SEQ ID NO:8:	
(i) SEQUENCE CHARACTERISTICS:	
(A) LENGTH: 18 base pairs	
(B) TYPE: nucleic acid	
(C) STRANDEDNESS: single	
(D) TOPOLOGY: linear	
(ii) MOLECULE TYPE: cDNA	
(iii) HYPOTHETICAL: NO	
(iv) ANTISENSE: NO	
· (v) FRAGMENT TYPE:	
(vi) ORIGINAL SOURCE:	•
(xi) SEQUENCE DESCRIPTION: SEQ ID NO:8:	
CATCCATGTT GATGTCTG	18
(2) INFORMATION FOR SEQ ID NO:9:	
(i) SEQUENCE CHARACTERISTICS:	
(A) LENGTH: 18 base pairs	
(B) TYPE: nucleic acid	
(C) STRANDEDNESS: single	
(D) TOPOLOGY: linear	
(ii) MOLECULE TYPE: cDNA	
(iii) HYPOTHETICAL: NO	
(iv) ANTISENSE: NO	
(v) FRAGMENT TYPE:	
(vi) ORIGINAL SOURCE:	
(xi) SEQUENCE DESCRIPTION: SEQ ID NO:9:	
CATGTGATTC ACCGTCAG	18
(2) INFORMATION FOR SEQ ID NO:10:	
(i) SPOIDNOR CUNDACTEDICTOR.	
(i) SEQUENCE CHARACTERISTICS: (A) LENGTH: 24 base pairs	
(B) TYPE: nucleic acid	
(C) STRANDEDNESS: single	
(D) TOPOLOGY: linear	
imi ara raidus a titulis	

(ii) MOLECULE TYPE: cDNA

(xi) SEQUENCE DESCRIPTION: SEQ ID NO:10:

24

(iii) HYPOTHETICAL: NO

(vi) ORIGINAL SOURCE:

(iv) ANTISENSE: NO

(v) FRAGMENT TYPE:

GCATATTGAA TTGCTCCGAA TGTG

63

(2) INFORMATION FOR SEQ ID NO:11:	
(i) SEQUENCE CHARACTERISTICS:	
(A) LENGTH: 17 base pairs	
(B) TYPE: nucleic acid	
(C) STRANDEDNESS: single	
(D) TOPOLOGY: linear	
(ii) MOLECULE TYPE: cDNA	
(iii) HYPOTHETICAL: NO	
(iv) ANTISENSE: NO	
(v) FRAGMENT TYPE:	
(vi) ORIGINAL SOURCE:	
(xi) SEQUENCE DESCRIPTION: SEQ ID NO:11:	
GGCGTATGCA CAACGCA	17
(2) INFORMATION FOR SEQ ID NO:12:	
(i) SEQUENCE CHARACTERISTICS:	
(A) LENGTH: 21 base pairs	
(B) TYPE: nucleic acid	
(C) STRANDEDNESS: single	
(D) TOPOLOGY: linear	
(ii) MOLECULE TYPE: cDNA	
(iii) HYPOTHETICAL: NO	
(iv) ANTISENSE: NO	
(v) FRAGMENT TYPE:	
(vi) ORIGINAL SOURCE:	
(xi) SEQUENCE DESCRIPTION: SEQ ID NO:12:	
GCGACAGCTG ACCAGTCAGC A	21
(2) INFORMATION FOR SEQ ID NO:13:	
(i) SEQUENCE CHARACTERISTICS:	
(A) LENGTH: 18 base pairs	
(B) TYPE: nucleic acid	
(C) STRANDEDNESS: single	
(D) TOPOLOGY: linear	
(ii) MOLECULE TYPE: cDNA	
(iii) HYPOTHETICAL: NO	
(iv) ANTISENSE: NO	
(v) FRAGMENT TYPE:	
(vi) ORIGINAL SOURCE:	

CACTCCTCCA CAGCTCCT

18

(xi) SEQUENCE DESCRIPTION: SEQ ID NO:13:

64

(2) INFORMATION FOR SEQ ID NO:14:	
(i) SEQUENCE CHARACTERISTICS:(A) LENGTH: 15 base pairs(B) TYPE: nucleic acid(C) STRANDEDNESS: single(D) TOPOLOGY: linear	•
(ii) MOLECULE TYPE: cDNA (iii) HYPOTHETICAL: NO (iv) ANTISENSE: NO (v) FRAGMENT TYPE: (vi) ORIGINAL SOURCE:	•
(xi) SEQUENCE DESCRIPTION: SEQ ID NO:14:	
ACATGTACTC ACTGG	15
(2) INFORMATION FOR SEQ ID NO:15:	
 (i) SEQUENCE CHARACTERISTICS: (A) LENGTH: 18 base pairs (B) TYPE: nucleic acid (C) STRANDEDNESS: single (D) TOPOLOGY: linear 	
<pre>(ii) MOLECULE TYPE: cDNA (iii) HYPOTHETICAL: NO (iv) ANTISENSE: NO (v) FRAGMENT TYPE: (vi) ORIGINAL SOURCE:</pre>	
(xi) SEQUENCE DESCRIPTION: SEQ ID NO:15:	
CTCACATGTG GTCCTCTG	18
(2) INFORMATION FOR SEQ ID NO:16:	
 (i) SEQUENCE CHARACTERISTICS: (A) LENGTH: 22 base pairs (B) TYPE: nucleic acid (C) STRANDEDNESS: single (D) TOPOLOGY: linear 	
<pre>(ii) MOLECULE TYPE: cDNA (iii) HYPOTHETICAL: NO (iv) ANTISENSE: NO (v) FRAGMENT TYPE: (vi) ORIGINAL SOURCE:</pre>	

GTCCTGTTGA CCTATCCACT GC

22

(xi) SEQUENCE DESCRIPTION: SEQ ID NO:16:

WE CLAIM:

- 1. A method to identify a mammal having or at risk for developing glomerulopathy comprising the steps of:
- analyzing a tissue sample from a mammal known to contain cells expressing integrin RNA or protein for integrin subunit expression; and

comparing integrin subunit expression in the sample with a control tissue sample, wherein altered integrin subunit expression is correlated with glomerulopathy.

- 10 2. The method of Claim 1, wherein the mammal is a human.
 - 3. The method of Claim 1, wherein the tissue sample is a kidney biopsy.
 - 4. The method of Claim 1, wherein the tissue sample is blood.

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- 5. The method of Claim 4, wherein the blood sample contains polymorphonuclear cells or monocytes.
- 6. The method of Claim 1, wherein the tissue sample is a skin biopsy.

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- 7. The method of Claim 1, wherein said analysis comprises in situ hybridization.
- 8. The method of Claim 7, wherein said in situ hybridization comprises PCR enhanced in situ hybridization.

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- 9. The method of Claim 1, wherein said analyzing comprises isolating RNA from the sample.
- 10. The method of Claim 1, wherein said analyzing comprises performing PCR,

 detecting amplified fragments from an integrin subunit and comparing the amount of
 amplified fragments to the amount of amplified fragments obtained from the control.

- 11. The method of claim 1, wherein the integrin subunit is an alpha integrin subunit.
- 12. The method of Claim 11, wherein the α integrin subunit is α 1, α 2, α 3, or α 5 integrin subunit.

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- 13. The method of claim 12, wherein the α integrin subunit is α 1 or α 2 integrin subunit.
- 14. The method of claim 1, wherein a decrease in α1 integrin subunit in the tissue
 sample as compared with control tissue is correlated with nephropathy.
 - 15. The method of claim 1, wherein an increase in $\alpha 2 \alpha 3$, $\alpha 5$, or $\beta 1$ integrin subunit in the tissue sample as compared with control tissue is correlated with nephropathy.
- 16. The method of claim 1, wherein an increase in α2 and a decrease in α1 integrin subunit in the tissue sample as compared with control tissue is correlated with nephropathy.
- 17. The method of Claim 7, wherein a nucleic acid probe is used to detect integrin, and the probe comprises a 3.9kb fragment of α1 from the 5' end to nucleotide 3900.
 - 18. The method of Claim 7, wherein a nucleic acid probe is used to detect integrin, and the probe comprises a 1.8kb fragment of α2 from 5' end through the EcoRI site at nucleotide 1800.

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- 19. The method of Claim 1, wherein said analyzing comprises incubating the sample with an anti-integrin subunit antibody.
- 20. The method of Claim 1, wherein the nondiabetic control sample is from a mammal with no history of hypertension.

- 21. The method of Claim 1, wherein an increase of about 25% 100% in the level of α2 integrin subunit expression in the sample tissue as compared with the control is correlated with nephropathy.
- The method of Claim 1, wherein a decrease of about 25% 100% in the level of α1 integrin subunit expression in the sample tissue as compared with the control is correlated with nephropathy.
- 23. A method to identify a mammal having or at risk for developing glomerulopathy comprising the steps of:

analyzing a tissue sample from a mammal known to contain cells expressing integrin protein for $\alpha 1$ and $\alpha 2$ integrin subunit expression as compared with a control tissue sample; and

correlating a decreased level of $\alpha 1$ integrin subunit expression and/or an increased level of $\alpha 2$ integrin subunit expression in the sample tissue as compared to the control with nephropathy.

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24. A method to identify a mammal with diabetes who has or is at risk for developing secondary pathological changes associated with diabetes comprising the steps of:

analyzing a tissue sample from a mammal known to contain cells expressing integrin protein for integrin subunit expression; and

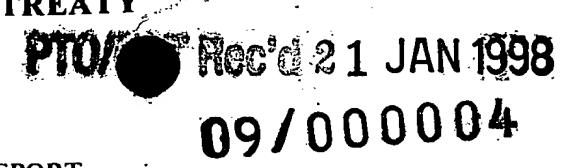
correlating alterations in the level of expression of least one integrin subunit as compared with a control tissue sample with the presence of or the risk for developing secondary pathological changes associated with diabetes.

- 25. The method of claim 25, wherein said integrin subunit is $\alpha 1$, $\alpha 2$, $\alpha 3$, $\alpha 5$, or $\beta 1$.
- 26. The method of claim 25, wherein said integrin subunit is $\alpha 1$ or $\alpha 2$.

PATENT COOPERATION TREATY



PCT



INTERNATIONAL SEARCH REPORT

(PCT Article 18 and Rules 43 and 44)

Applicant's or agent's file reference	FOR FURTHER see Notification o (Form PCT/ISA/:	f Transmittal of International Search Report 220) as well as, where applicable, item 5 below.
600.314W001 International application No.	International filing date (day/month/year)	(Earliest) Priority Date (day/month/year)
		21/07/1995
PCT/US 96/12067	19/07/1996	£1/U7/1993
Applicant		
REGENTS OF THE UNIVERSITY	OF MINNESOTA et al.	
This International Search Report has bee according to Article 18. A copy is being to	en prepared by this International Searching Autoransmitted to the International Bureau.	thority and is transmitted to the applicant
This International Search Report consists [X] It is also accompanied by a cop	s of a total of 4 sheets. by of each prior art document cited in this repo	ort.
1. Certain claims were found unser	archable (see Box I).	
2. Unity of invention is lacking (se	e Box II).	
3. X The international application contemporary international search was carried	ontains disclosure of a nucleotide and/or amino d out on the basis of the sequence listing	acid sequence listing and the
	ed with the international application.	
	nished by the applicant separately from the int	
	but not accompanied by a statement to t matter going beyond the disclosure in th	the effect that it did not include e international application as filed.
	anscribed by this Authority	
	e text is approved as submitted by the applican	
The the	e text has been established by this Authority to	read as follows:
p 3311.1		
5. With regard to the abstract,	e text is approved as submitted by the applican	ıL
the Re	e text has been established, according to Rule 3 ox III. The applicant may, within one month frarch Report, submit comments to this Author	38.2(b), by this Authority as it appears in rom the date of mailing of this International
6. The figure of the drawings to be pu	blished with the abstract is:	
Figure No as	suggested by the applicant.	None of the figures.
	ecause the applicant failed to suggest a figure.	tion.
b	ecause this figure better characterizes the inven	uon.

International Application No

PCTUS 96/12067

A. CLASS IPC 6	C12Q1/68 C07K14/705 C07K1	6/28 G01N33/566	
According	to International Patent Classification (IPC) or to both national	classification and IPC	
B. FIELD	S SEARCHED		
Minimum (IPC 6	documentation searched (classification system followed by class C12Q	ification symbols)	
Documenta	ation searched other than minimum documentation to the extent	that such documents are included in the fields	searched
Electronic	data base consulted during the international search (name of dat	ta base and, where practical, search terms used)	
C. DOCUI	MENTS CONSIDERED TO BE RELEVANT		
Category *	Citation of document, with indication, where appropriate, of	the relevant passages	Relevant to claim No.
X	NEPHRON (1992), 62(4), 382-8, BARALDI ET AL.: "Very late ac integrin is the dominant .beta on the glomerular capillary wa immunofluorescence study in ne syndrome" see the whole document	tivation-3 .1-integrin ill: an	1-30
X	LABORATORY INVESTIGATION, vol. 72, no. 3, March 1995, pages 367-375, XP000611274 MENDRICK ET AL.: "Glomerular and mesangial cells differenti modulate the binding specifici VLA-1 and VLA-2" cited in the application see page 372, right-hand column	ally ties of	1-30
X Fu	rther documents are listed in the continuation of box C.	Patent family members are listed	in annex.
"A" docume consister filing filing which citati "O" docume other filing filing which citati "O" docume other filing filin	ment defining the general state of the art which is not idered to be of particular relevance or document but published on or after the international grate ment which may throw doubts on priority claim(s) or the is cited to establish the publication date of another ion or other special reason (as specified) ment referring to an oral disclosure, use, exhibition or means ment published prior to the international filing date but than the priority date claimed	"T" later document published after the in or priority date and not in conflict we cited to understand the principle or invention "X" document of particular relevance; the cannot be considered novel or cannot involve an inventive step when the decannot be considered to involve an involve an involve an involve an inventional step with one or inventional step with one or inventional step with the art. "&" document member of the same pater.	with the application but theory underlying the e claimed invention to be considered to locument is taken alone e claimed invention inventive step when the more other such docuous to a person skilled out family
	28 November 1996	Date of mailing of the international s 06. 12. 96	
Name and	i mailing address of the ISA European Patent Office, P.B. 5818 Patentlaan 2 NL - 2280 HV Rijswijk Tel. (+31-70) 340-2040, Tx. 31 651 epo nl,	Authorized officer Molina Galan, E	
ł	Fax (+31-70) 340-3016	noi ma daian, Ç	

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International Application No PCI-US 96/12067

C. NEPHROLOGY, no. 3, 1994, XP002019387 T AL.: "Skin fibroblast integrin on in IDDM" the application	1-30
u. L	
JOURNAL OF KIDNEY DISEASES, (1995 (5) 680-8, XP000611528 (; MAKINO H; MORIOKA S; KASHITANI K; OTA Z; WADA: "Distribution cellular matrix receptors in forms of glomerulonephritis."	1-6,11, 12,19, 20,25,27
NGS OF THE NATIONAL ACADEMY OF OF THE UNITED STATES OF AMERICA, T 15) 90 (20) 9640-4, XP002019388 AL.: "Integrin overexpression by high glucose and by human c potential pathway to cell ion in diabetic microangiopathy." whole document	1-6,11, 12,19, 20,25,27
ATIVE OPHTALMOLOGY AND VISUAL no. 9, August 1994, 75-3485, XP000611525 ET AL.: "Immunolocalisation of s in proliferative retinal s" ussion ract	24
ODS AND APPLICATIONS, no. 2, 1 November 1992, 7-123, XP000472828 J ET AL: "IN SITU LOCALIZATION OF IFIED HUMAN AND VIRAL CDNAS" whole document	7-10
BIOL., , August 1990, 9-720, XP000611279 ET AL.: "Molecular cloning of integrin alpha 1 subunit" the application re 2	17
9 i	August 1990, -720, XP000611279 ET AL.: "Molecular cloning of ntegrin alpha 1 subunit" the application

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International Application No PCTUS 96/12067

C.(Continua	tion) DOCUMENTS CONSIDER D BE RELEVANT	
Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
A	J. CELL BIOL., vol. 109, July 1989, pages 397-407, XP000611310 TAKADA ET AL.: "The primary structure of the VLA-2/collagen receptor alpha 2 subunit" cited in the application see figure 2	18
A	FEBS LETTERS, vol. 332, no. 3, October 1993, AMSTERDAM NL, pages 263-267, XP002019390 ROZZO ET AL.: "Modulation of integrin heterodimers during human neuroblastoma cell differenciation" cited in the application	
A	JOURNAL OF BIOLOGICAL CHEMISTRY, vol. 268, no. 4, February 1993, MD US, pages 2989-2996, XP002019389 BRIESEWITZ ET AL.: "Expression of native and truncated forms of the human Integrin alpha-1 subunit" cited in the application	
P,X	CELL ADHESION AND COMMUNICATION, (1995 AUG) 3 (3) 187-200, XP000611503 SETTY S ; ANDERSON S S; WAYNER E A; KIM Y; CLEGG D O;: "Glucose-induced alteration of integrin expression and function in cultured human mesangial cells" see the whole document	1-30
P,X	ANNUAL MEETING OF THE AMERICAN SOCIETY OF NEPHROLOGY, SAN DIEGO, CALIFORNIA, USA, NOVEMBER 5-8, 1995. JOURNAL OF THE AMERICAN SOCIETY OF NEPHROLOGY 6 (3). 1995. 911., XP002019391 SETTY S; WU K; MAUER M; KIM Y; TSILIBARY E C: "Altered mesangial expression of integrin genes in response to elevated glucose and experimental diabetes" see abstract	1-30

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REC'D 29 OCT. 1997

INTERNATIONAL PRELIMINARY EXAMINATION REPORT

(PCT Article 36 and Rule 70)

Applicant's or agent's file reference	TOD PURTIED ACTION	See Notificat	ion of Transmittal of International				
600.314WOO1	FOR FURTHER ACTION		Examination Report (Form PCT/IPEA/416)				
International application No.	International filing date (day)	nonth/year)	Priority date (day/month/year)				
PCT/US 96/ 12067	19/07/1996		21/07/1995				
International Patent Classification (IPC) or national classification and IPC							
C12Q1/68							
Applicant	,						
REGENTS OF THE UNIVERSIT	Y OF MINNESOTA et a	1					
1. This international preliminary examples to the Authority and is transmitted to the	1. This international preliminary examination report has been prepared by this International Preliminary Examining Authority and is transmitted to the applicant according to Article 36.						
2. This REPORT consists of a tota	l of $\underline{\underline{b}}$ sheets, including	this cover shee	eL.				
1 _	This report is also accompanied by ANNEXES, i.e., sheets of the description, claims and/or drawings which have been amended and are the basis for this report and/or sheets containing rectifications made before this Authority (see Rule 70.16 and Section 607 of the Administrative Instructions under the PCT).						
These annexes consists of a total of	of sheets.						
3. This report contains indications an	d corresponding pages relating t	o the following	items:				
I X Basis of the report	•						
II Priority							
III Non-establishment of o	pinion with regard to novelty, in	ventive step and	d industrial applicability				
IV Lack of unity of invent			t tourist applicabiliese				
V X Reasoned statement un citations and explanation	der Article 35(2) with regard to took supporting such statement	novelty, inventiv	ve step or industrial applicability;				
VI Certain documents cite	d						
VII X Certain defects in the in	nternational application						
VIII Certain observations of	n the international application						
Date of completion of this report							
Date of submission of the demand 24. 10. 97							
20/02/1997							
	Antho	orized officer	12/				
Name and mailing addr ss of the IPE							
European Patent Office, P.B NL-2280 HV Rijswijk - Nethe	. 5818 Patentlaan 2	Molina Galan E.					
Tel.: (+31-70) 340-2040, Tx. Fax: (+31-70) 340-3016		Telephone No. 349 3560					

I. Basis of the report

١.	This report has been drawn up on the basis of (Replacement sheets which have been furnished to the receiving Office in response to ar
	invitation under Article 14 are referred to in this report as "originally filed" and are not annexed to the report since they do not contain
	amendments.)

		X	the internationa	al application as originali	ly filed	
			the description	. pages		. as originally filed
				pages		, filed with the demand
				pages		, filed with the letter of
			the claims. Nos	S .		, as originally filed
			Nos	5 .		, as amended under Article 19
			. Nos	5 .		. filed with the demand
			Nos	5 .	-	, filed with the letter of
			the drawings,	sheets / fig.		. as originally filed
			5	sheets / fig.		. filed with the demand
	·		· •	sheets / fig.		, filed with the letter of
2.	The am	endme	ents have resulted	d in the cancellation of:		
			the description.	pages:		·
			the claims, Nos	3 .		
			the drawings, s	heets / fig.		
3.	This report has been established as if (some of) the amendments had not been made, since they have been considered beyond the disclosure as filed (Rule 70.2 (c)).				n made, since they have been considered to go	
4.	Addition	ıal obs	ervations, if nece	essary: .		



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V. Reasoned stat m nt und r Articl 35(2) with r gard to n velty, inv ntiv st p r industrial applicability; citations and xplanations supp rting such stat m nt

1.	Statement
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Novelty	Claims	4, 5, 7, 8, 10, 14, 16-18, 20-22, 27 and 29	YES
	Claims	1-3, 6, 9, 11-13, 15, 19, 23-26, 28 and 30	МО
Inventive Step	Claims		YES
	Claims	1-30	МО
Industrial Applicability	Claims	1-30	YES
	Claims		NO

2. Citations and Explanations

2.1 The following documents have been considered for the purposes of this report:

D1:	Nephron,	vol. 62,	1992,	pp. 382-388;	Baraldi et al.
D2:	Lab. Invest.,	vol. 72,	3/1995	pp. 367-375;	Mendrick et al.
D3:	J. Am. Soc. Nephrology,	vol. 5,	1994,	page 966;	Kyu Jin et al.
D4:	Am. J. Kidney Dis.,	vol. 25,	5/1995,	pp. 680-688;	Shikata et al.
D5:	Proc. Natl. Acad. Sci.,	vol. 90,	1993,	pp. 9640-9644;	Roth et al.
D6:	Invest. Ophtal. Vis. Sci.,	vol. 35,	1994,	pp. 3475-3481;	Robbins et al.
D7:	FEBS,	vol. 332,	1993,	pp. 263-267;	Rozzo et al.
D8:	PCR Met. Appl.,	vol. 2,	1992,	pp. 117-123;	Nuovo et al.

- 2.2 NOVELTY (Art. 33(2) PCT)
- 2.2.1 D1 investigates the differential expression of α 2, α 3, α 5 and α 6 integrin subunits in normal subjects and patients affected by various glomerulopathies. Integrin expression is investigated on kidney samples (cf abstract) by immunological means (cf table 2). The conclusion is reached that VLA-3 (i.e. α 3 β 1 integrin) is a sensitive marker for membranous nephropathy (cf page 387, right column, first full sentence). Although a moderate increase in α 2 expression is found in some specimens (cf page 384, right column), this is not taken as relevant and it is concluded that α 2, α 5 and α 6 expression does not significantly change in the glomerulopathies studied (cf last paragraph).

D2 observed up-regulation of VLA-2 (i.e. α2β1 integrin) expression in glomerular cells cultured under conditions resembling those seen in such cells during pathological states. A comparison is drawn with fibroblasts and metastatic melanoma cells which have increased synthesis of VLA-2 when placed in collagen gels. The conclusion is reached that although glomerular epithelial cells synthesize little or no VLA-2 in their normal environment in situ, they may increase their expression of this receptor when exposed to interstitial collagens secreted by endogenous or inflammatory cells as seen in glomerulopathies (cf page 372, right column).

- 2.2.3 D3 performs a similar analysis on α 2, α 3, α 5 and β 1 integrin subunits. It correlates by Northern blotting increased expression of α 3 and β 1 integrin mRNA in skin fibroblasts with IDDM patients with nephropathy (cf abstract).
- 2.2.4 D4 studies the distribution of integrins in various forms of Glomerulonephritis by immunological methods. It was found that Integrin β1 and ανβ3 were highly expressed in a kind of nephropathy. In a different nephropathy, α3β1 presented a decreased immunoreactivity (cf abstract).
- 2.2.5 D5 observes that high glucose concentrations induce increases in the mRNA levels of α 3, α 5 and β 1 integrin subunits in isolates of human endothelial cells. An increase in β 1 expression was also observed in retinal trypsin digests of patients with diabetic retinopathy (cf abstract).
- 2.2.6 D6 determines the expression pattern of integrins in human proliferative membranes (such as retinopathy vessels) and reaches the conclusion that integrins are involved in the pathogenesis of diabetes (cf page 3483, left column, last full paragraph).
- 2.2.7 The present application does not satisfy the criterion set forth in Article 33(2) PCT because the subject-matter of Claims 1-3, 6, 9, 11-13, 15, 19, 23-26, 28 and 30 is not new in respect of prior art as defined in the regulations (Rule 64(1)-(3) PCT).
- 2.3 INVENTIVE STEP (Art. 33(3) PCT)
- Document D1 is considered to represent the most relevant state of the art and has been discussed in 2.2.1 above. Claim 14 differs only in that decrease of expression of α1 integrin subunit, with respect to a control, is used as a marker to asses risk for developing glomerulopathy.

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- The problem to be solved by the present invention may therefore be regarded as providing 2.3.2 alternative markers for the identification of mammals having, or being at risk for developing, glomerulopathy. The solution is the use of decreased $\alpha 1$ expression as a marker.
- This solution cannot however be considered as involving an inventive step (Article 33(3) 2.3.3 PCT) because the person skilled in the art would be prompted to investigate the use of $\alpha 1$ integrin subunit as such a marker seen the broadly documented fact (e.g. D1-D6) that other α and β integrin subunits are directly correlated with (and used as markers for) different glomerulpathic conditions as well as other secondary changes associated with diabetes. The fact that $\alpha 1$ integrin subunit presents a decreased instead of an increased expression in tissues affected bay said pathologies would undoubtedly be established by routine experimentation (such as the one performed in D7) without involvement of any inventive skills.
- Dependent Claims 4, 5, 7, 8, 10, 16-18, 20-22, 27 and 29 do not appear to contain any 2.3.4 additional features which, in combination with the features of any claim to which they refer, involve an inventive step because they are either a mere choice of different possibilities available to the person skilled in the art (for instance the use of in situ PCR is known from D8) or already anticipated by the cited literature.
- The present application does therefore not satisfy the criterion set forth in Article 33(3) 2.3.5 PCT and the subject-matter of Claims 4, 5, 7, 8, 10, 14, 16-18, 20-22, 27 and 29 does not involve an inventive step (Rule 65(1)(2) PCT).

VII. C rtain d f cts in the int rnati nal application

The following defects in the form or contents of the international application have been noted:

Documents D1, D4-D6 and D8 have not been identified in the description nor has the relevant background art disclosed therein been discussed. The requirements of Rule 5.1(a)(ii) PCT are, thus, not fulfilled.